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ABSTRACT

This compilation includes 14 supplements to the Kansas state plan for education, all relating to various aspects of special education. Several of the supplements offer guidelines for specific age groups or conditions, providing information on definitions, screening and identification, curriculum and instruction, administrative structures, related services, reevaluation, facilities, and class size and caseload. These supplements deal with: (1) early childhood handicapped programs; (2) specific learning disabilities programs; (3) visually impaired programs; (4) behavior disorders programs; (5) gifted programs; (6) language, speech, and hearing-impaired programs; (7) mental retardation programs; (8) physically and other health-impaired programs (including autism); and (9) severely multiply handicapped/deaf-blind programs. Other supplements focus on special education program evaluation, the role of paraprofessionals in special education, vocational/transition programs for students with handicapping conditions, physical education for students with handicapping conditions, and special education instructional materials centers. (JDD)

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[Supplements for Programs for Children with Exceptionalities]

Kansas State Board of Education

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SUPPLEMENT FOR EARLY CHILDHOOD HANDICAPPED PROGRAMS

Effective July 1, 1990

Revised July 1, 1990

An Equal
Employment/Educational
Opportunity Agency

Kansas State Board of Education
Approved 6/13/89

Strategic Directions for Kansas Education

The Kansas State Board of Education is charged with the general supervision of public education and other educational interests in the state. While clearly acknowledging the role and importance of local control, the State Board of Education has the responsibility to provide direction and leadership for the structuring of all state educational institutions under its jurisdiction.

The beginning place for determining the mission for the Kansas State Board of Education is the assumption that all Kansas citizens must be involved in their own learning and the learning of others. It is the combined effort of family, school, and community that makes possible the development of a high quality of life. It is the parent who is the first "teacher" of children. As we grow older, we learn that the school, the workplace, and the community support our lifelong learning and our training and retraining. The Board recognizes the responsibility it holds for Kansas educational systems and promoting quality education programs. The mission for Kansas education is:

To prepare each person with the living, learning, and working skills and values necessary for caring, productive, and fulfilling participation in our evolving, global society.

We believe that the strategic directions for the structuring of Kansas education must be organized to:

- involve parents and support their efforts in the education of their children
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- strengthen involvement of business and industry, public and private agencies, and community groups to increase the quality of education and the development of Kansas human resources
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- develop state and local information systems which may be used for systematic feedback for program improvement, evaluation, and sharing
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- extend and update the professional and leadership excellence of Kansas educators essential for quality education
- extend and expand the effective utilization of information technology which can increase information access for all learners of the state and productive learning for all Kansas educational institutions
- develop learning communities which involve educational institutions, public and private agencies, and community groups in more effective methods of meeting human resource development needs.

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EARLY CHILDHOOD HANDICAPPED

DEFINITION

Education

'Early childhood education for handicapped' means an organized program of purposeful, sequential activities which are appropriate to the developmental age of the handicapped child from birth through age seven (K.A.R. 91-12-22(i)). A child must be involved in the activities associated with the objectives in the individualized education program (IEP). All IEP objectives should be under the supervision of a qualified early childhood handicapped teacher. The role of the parent should be included in the IEP objectives.

Teacher

'Teacher of early childhood handicapped' means a teacher endorsed to teach young handicapped children, age birth to school age, with a variety of handicaps including mild, moderate, severe or profound levels of disability, and school-aged children to age eight (8), who are moderately to severely handicapped and who can best be served in a preschool setting (S.B.R. 91-1-93(a)).

School Term

'School term,' for preschool handicapped children means 450 hours for a center-based program or 215 hours for a home-based program, except as prescribed in this subsection. Any proportional combination of the two programs may be used. A lesser number of hours may be prescribed on an individual basis for those children whose physical or emotional needs, or both, are such that a lesser number of hours is advisable. Any number of hours less than those prescribed in this subsection shall be determined by the individualized education program conference team of the child and shall be included and certified in the individualized education program of the child (K.A.R. 91-12-22(kk)(2)).

An approved early childhood handicapped preschool may provide a program for individual school-aged children *to* age eight who are moderately to severely handicapped subject to the requirements of K.A.R. 91-12-22(kk)(1)):

'School term' and 'school day' for exceptional children of school age, means the period of time prescribed in KS.A. 72-1106, and any amendments to that statute, except as otherwise prescribed in this subsection. Shorter periods of time may be prescribed for exceptional children six years of age or younger, and on an individual basis, for those children whose physical or emotional needs, or both, are such that a shorter period is advisable. Any period of time shorter than that prescribed by statute shall be determined by the individualized education program conference team of the child and shall be included and certified in the individualized education program of the child.

Severely Handicapped

Severely handicapped children are those who require intensive teaching and related services for more than 75 percent of the school day and cannot actively participate in more than 25 percent of the regular early childhood education activities. This does not preclude passive observation of children in other regular early childhood educational activities for short periods of about 10 percent of the school day.

Mildly/Moderately Handicapped

Mildly/moderately handicapped children are those who have one or more handicapping condition(s) which to a significant extent impede age-appropriate behavior in any of the following areas: motor functioning, self-help skills, cognition, communication, and interaction with the social and/or physical environment. Special assistance is required to minimize or to compensate for identified limitations.

Developmentally Delayed

P.L. 99-457 permits identification of children age five and under as developmentally delayed. Kansas regulations require identification by category whenever feasible.

'Developmentally delayed' means children, from age birth to five years inclusive, who cannot be accurately diagnosed as having a specific handicapping condition but who have one or more diagnosed conditions which cannot be medically corrected and are associated with educationally handicapping conditions or who test 25% or more below chronological age on criterion or norm referenced, validated test instruments in one or more of the following areas: cognitive development, sensor motor development, fine motor skills, gross motor skills, receptive communication, expressive communication, social-affective skills, self-help skills, auditory, visual, or haptic sensory processing (K.A.R. 91-12-22(h)).

Caregiver

Caregiver means any adult, relative or non-relative, who is responsible on a regular basis for a significant portion of the care of the child. Caregivers include the natural parents, foster parents, legal custodians, and others such as siblings, relatives, family child care providers, or teachers in day care, Head Start, and other preschools.

INTRODUCTORY STATEMENT

Early childhood education programs for the handicapped are designed especially for children from birth to school age (as defined in K.A.R. 91-12-22(i)). Children are eligible who are identified as having one or more handicapping condition(s) which to a significant extent impede age-appropriate behavior or who are identified as handicapped or developmentally delayed. Intervention by special teaching methods, techniques, or procedures are required to minimize or to compensate for identified learning limitations in sensory and motor functioning, self-help skills, cognition, communication, and interaction with the social and/or physical environment.

AVAILABILITY OF SERVICES

91-12-73. (a) Each local board of education shall make available special education and related services for all school age exceptional children. (b) On and after September 1, 1991, such services shall be made available for each handicapped child between age three as of September 1 of the current school year and the age at which regular education services are offered to non-exceptional children. Such services shall not be compulsory upon any child. (d) Services for children under age three shall be authorized but not mandated and nothing in these rules and regulations shall be construed to prevent the use of local funds or state special education categorical funds for preschool children from birth to age three.

PROGRAM PURPOSE

The purpose of the early childhood handicapped education programs is to alleviate or prevent the adverse effects of handicapping conditions on the ability of young children to learn, to reduce the cumulative effects of failure to develop at age-typical rates, and to bring children with handicapping conditions to as near age-appropriate preacademic developmental levels as possible through education as defined above.

SCREENING AND IDENTIFICATION

Each local education agency shall implement screening procedures to identify children age five and under who may need special education. These screening services shall be made available a minimum of once a year. Early childhood screening procedures shall use developmentally, age-appropriate instruments for all the following: vision; hearing; developmental, which includes communication; gross and fine motor; cognition; social/emotional; and self-help skill. (K.A.R. 91-12-40(b)(1)(2)(A)(B)(C)).

The handicaps of very young children are manifested in subtle ways that are often difficult to recognize. Children with specific learning disabilities or mild mental retardation may manifest only delays in communication at very young ages. Therefore, it is required that all children receive a comprehensive evaluation by a multidisciplinary team including a qualified psychologist prior to a decision on placement in a special education program. Children who are identified as having only speech/language delays may be provided speech and language therapy by a speech clinician or therapist while receiving an early childhood educational program in a classroom under a certified early childhood teacher. In this case, the services of an early childhood handicapped consulting teacher would not be required.

CURRICULUM AND INSTRUCTION

Any activity or skill which age peers typically acquire through maturation, exposure, imitation or, incidental, unstructured teaching and which is not acquired by a special needs child is an appropriate teaching objective.

Curriculum domains include—

Perceptual-Motor - Coordination of gross and fine motor skills, perceptual skills, and body awareness.

Cognition - Concept formation, discrimination, generalization, awareness.

Communication - Prelinguistic signals, receptive and expressive language through sound production skills, and/or non-verbal communication.

Social-emotional - Bonding, independence, cooperation and compliance, peer interaction, and other social interaction skills.

Self-Help - Feeding, toileting, dressing, and other daily living activities.

The content of the curriculum is preacademic and prevocational. Skills of observation, attention to salient features, comparisons, exploration, and manipulation are necessary before concept formation can occur. Concepts of sequence, number, size, color, etc., must be learned prior to reading or arithmetic skills. Self-awareness and self-help skills are taught in order to foster a positive self-concept, develop a learning set, and prepare for future acquisition of vocational skills. Instruction is intentional, sequenced, multi-sensory, and activity-based and is directly related to the goals and objectives for each child. Use of free play (recreation) offers an opportunity to practice well learned skills, thereby establishing skills through overlearning and opportunity to generalize concepts.

Whenever handicapped and nonhandicapped children are in the same classroom, there shall be particular attention to fostering interaction between and among the handicapped and nonhandicapped children.

Parents, caregivers, siblings, professionals, and paraprofessionals may comprise the teaching team for a preschool child.

ADMINISTRATIVE STRUCTURES

The program model(s) selected by each district may vary. Particular conditions within each local education agency should determine the appropriate delivery model. These conditions might include the number of handicapped children to be served, the types of handicaps represented among the children, the severity of handicapping conditions, and the educational needs of the children. Multi-categorical rather than categorical groupings are encouraged on the condition that appropriate program services are provided to all children for their specific handicapping conditions. Where the local situation indicates a need, categorical programs should be provided.

Local education agencies in Kansas may organize services for preschool handicapped children in the following ways:

1. Individual school districts may establish programs.
2. One or more school districts may establish a cooperative program.
3. School districts/cooperatives may contract with an approved special purpose school or program which has appropriate special education services for preschool level handicapped children.

Exceptions to requirements for a full-time program may be made only by the IEP team for individual children whose physical, developmental, and/or emotional needs, travel distance, or family considerations indicate such an exception. Such exceptions shall be included and certified as a part of the child's IEP.

Because of the nature of early development, full year programs are strongly encouraged. Summer programs in which services are extended beyond a full school year program may be reimbursed on a proportionate basis for the additional program.

Three general service models will be approved: the center-based/group model, the homebased/individual model, and the combination model.

Center-Based/Group Model

Three types of center-based settings for early childhood programs may be considered as possible placement alternatives for a young handicapped child. These are (l) a special early childhood program, (2) an integrated early childhood program, and (3) regular early childhood program. Such programs shall consist of 450 hours for a full school year.

1. A special early childhood program is designed specifically to serve young handicapped children. The classroom enrollment is comprised entirely of children who may present a variety of handicapping conditions which vary from mild to severe. Such programs usually contain a concentration of children with moderate to severe disabilities.

   Developmental kindergarten is a version of special early childhood program for kindergarten age children with identified handicapping conditions in any of the special education categories of handicap. The developmental kindergarten teacher is certified or endorsed as an early childhood handicapped teacher. Children over age three and under age eight may be served in the developmental kindergarten but at no time should the chronological age span of the children be greater than four years.

Special early childhood programs should be designed to provide more intensive specialized services to children who need varied and continued assistance in the form of specialized therapy, special equipment or materials, individual care and supervision, and individualized educational programming.

The classroom may be multi-categorical or categorical.

K.A.R. 91-12-51(a) requires that:

(l) *Each teacher of a multi-categorical early childhood handicapped program shall be endorsed for early childhood handicapped* (as prescribed in S.B.R. 91-1-93a).

(2) *Each teacher of a categorical early childhood handicapped program shall:*

(A) *be endorsed for early childhood handicapped and be provided assistance from appropriately trained categorical teachers or related service personnel, as necessary; or*

(B) *be endorsed for the category being served and have experience, practicum, or training with preschool age children.*

An integrated early childhood program serves both handicapped and nonhandicapped children in a single classroom setting with handicapped children constituting a higher proportion of the classroom population than that found in a regular preschool setting. Handicapped children who are placed in integrated programs may present a variety of handicapping conditions ranging from mild to severe. In such programs, mildly/moderately handicapped children shall constitute not less than one-third nor more than two-thirds of the classroom enrollment. Where severely handicapped students are enrolled, the maximum number of such students shall be six.

Programs are typically organized to provide a wide array of interdisciplinary and special education services to meet the needs of each individual child, including the non-handicapped children who are participants in the program. An integrated program should be organized to include group activities which capitalize upon the benefits of combining handicapped and nonhandicapped children. It should also allow for individualized instructional opportunities for each child based on his/her IEP. Since integrated classrooms may include a highly diverse group of children, the program must be flexible.

The teacher of the integrated classroom shall be endorsed for teaching early childhood handicapped as prescribed in S.B.R. 91-1-93a.

A regular early childhood classroom is designed primarily for nonhandicapped children. With some environmental and programmatic adaptations, and the assistance of special consultants, such programs constitute a setting into which some handicapped children may be placed. Regular early childhood programs may be a particularly feasible placement alternative for mildly handicapped children who may require minor environmental and programmatic adaptations to allow them to participate successfully in many of the regular preschool activities.

K.A.R. 91-12-51(b) requires:

(l) *Private center-based programs accepting placement of identified handicapped children age seven and under shall be approved by the state department of education.*

(2) *Private early childhood education programs or child day care centers that are designed primarily for nonhandicapped children and that accept placements of identified handicapped children age seven and under shall have teachers who are endorsed for early childhood education. A teacher endorsed for early childhood handicapped education shall act as a consulting teacher to the program.*

No more than eighteen children, of which three may be handicapped, exclusive of voice, fluency and articulation problems, may be enrolled. Support services related to the child's handicapping condition shall be provided as indicated by individual education needs.

The center-based program selected for a group of children should reflect the necessary environmental and programmatic adaptations that will allow each handicapped child to function as a member of the classroom group and to receive the special individual instruction he/she requires. Each of the three types of programs provides different educational and service opportunities which should be considered carefully in the placement of any handicapped child.

Enrollees deemed appropriate for a particular classroom alternative are those whose needs, as determined by a comprehensive evaluation, can be most effectively met in that particular setting. A handicapped child should be maintained in the environment where the services and educational programming required by the child can be provided with the least restrictions possible.

Home-Based/Individual Model

In the home-based/individual model, parent and child instruction is provided by a teacher who has endorsement in early childhood handicapped education. Professionals and instructional paraprofessionals interact on a one-to-one basis with the parent/caregiver for instructional purposes. Direct services to the child are provided in order to assist the parent in providing developmental intervention to the child. The early childhood handicapped teacher plans and supervises the program.

The child's home or parent/child clinics may be the most appropriate setting for professional and nonprofessional staff to first involve parents in the educational process, particularly if the child is under three years of age. A home-based/individual program is a partnership between parents and professional staff which builds upon the parents' own understanding of their child's needs and upon the parents' capacity to be involved. Parents are given support and direction in dealing with their child. At the same time, the child is involved in planned activities with his/her primary teacher, support staff, and parents.

For children over age three to be served in the individual model, there shall be documentation that the child would benefit less from a center-based, 450 hour program or combination model program than from the individual model with the parent as the main provider of intervention.

The school year of 215 hours of direct instruction for homebased or individual programs shall include a minimum of 54 hours of instruction by the professional staff and instructional paraprofessional. No fewer than 13 of the 54 hours shall be directly supervised or provided by the professional staff. Additional hours of individual instruction that are necessary to fulfill the required 215 hours shall be provided through documented implementation of the individualized education program, by a parent, caregiver, professional, or paraprofessional (K.A.R. 95-12-51(c)).

Combination Model

Services may be provided in any proportionate combination of the individual and the group models, provided the minimum requirements of a full (100 percent) program are available to any child. For example, a group program offering 75 percent of the required 450 hours of instruction would complete the program with the equivalent of 25 percent of an individual instruction program or 54 hours. Combination programs are encouraged if such arrangements are based on identified needs of children and can be used to maximize the effects of the educational program.

RELATED SERVICES

Related services as described in K.A.R. 91-12-22 and 91-12-60 shall be provided in early education programs. Physical education as planned motor coordination activities is an integral part of the early education curriculum and may be provided by the early childhood teacher. Although vocational education for preschool children is not appropriate, self-help and social skills are the early childhood counterparts of work skills.

Related services staff who participate in the comprehensive evaluation shall have or obtain competence in the evaluation of children, age birth to kindergarten, through preservice and/or inservice training.

CLASS SIZE AND CASELOAD

In determining the class size for a program or the case load for a teacher, the availability of related services provided by certified, licensed or other credentialed professionals may be considered. A minimum of one adult to every four children in the classroom must be maintained at all times. For children under age three years and for severely handicapped children, the ratio shall be one adult to two such children. In no case shall more than twelve handicapped children be enrolled in the same preschool class.

The caseload of an early childhood handicapped teacher may include two center-based classes or a combination of center-based and home-based programs on the condition that the teacher has time for planning, meeting with parents, and with the instructional team.

K.A.R. 91-12-51(e) states: *Class size and caseload limitations for early childhood handicapped programs are given in Table II. No class size or caseload shall exceed the program's ability to implement the individualized education programs of the children enrolled.*

TABLE II
Class Size and Caseload for Programs for Early Childhood Education for Handicapped

CENTER BASED PROGRAM

Professional	Paraprofessionals	Additional Staff for Severely Handicapped of Children Ages Birth to Three	Maximum Class Size	Maximum Caseload Handicapped
Regular Classroom				
1 EC &	1	1	18 (3 handicapped)	
1 ECH Consultant or				16
1 SE Consultant				16
Integrated Classroom				
1 ECH	1	1	12 (5 handicapped)	10
1 ECH	2	1	12 (8 handicapped)	16
2 ECH or 1 ECH & 1 SE Team	2	N/A	18 (12 handicapped)	24
Special Classroom				
1 ECH	0	1	4	8
1 ECH	1	1	8	12
1 ECH	1	2	8	16
1 ECH & 1 SE Team	1	1	12	24

Appropriate teacher endorsements include Early Childhood (EC), Early Childhood Handicapped (ECH), and other Special Education Endorsements (SE). Other special education appropriate professionals include speech and language clinicians, occupational therapists, and physical therapists.

HOME-BASED PROGRAM

ECH Teacher	Paraprofessional	Additional Professional	Maximum Caseload
1	0	0	16
1	1	0	20
1	2	0	24
1	3	0	28
1	0	1	28
1	1	1	32
1	2	1	34
1	3	1	36
1	0	2	38
1	1	2	40
1	2	2	42

Appropriate teacher endorsements include special education categorical endorsements and speech and language clinicians, occupational therapists, physical therapists and school nurses.
(Authorized by and implementing K.S.A. 72-963; effective May 1, 1983; amended May 1, 1985; amended May 1, 1986; amended, T-88-40, October 27, 1987; amended May 1, 1988; amended July 1, 1990.)

PROGRAM STANDARDS

These standards serve the dual purpose of approving early childhood education programs for the handicapped and recognizing those private nonprofit corporation or public or private institution programs which are equivalent to the accredited programs. Any agency which seeks to establish an approved program in this area must meet the standards set forth herein. All programs shall meet the same requirements as school age programs in relation to screening, evaluation, due process, and confidentiality procedures. Each program application will be reviewed by the Special Education Administration Section to determine approval.

PROGRAM APPROVAL APPLICATIONS

Applicants for approval of early education programs shall submit a plan describing the program and procedures which assure that—

1. All applicable requirements of the local comprehensive plan (See State Plan for Special Education) are met.
2. Parental (Caregiver) involvement is an integral part of the program. The program shall assure parental opportunity to be a part of the educational team and shall be designed to provide assistance to parents as planners and participants in their child's program.
3. Each program shall provide (or arrange for) special interdisciplinary services for the handicapped child as needed to meet the special educational and training needs of the child and his/her family. A team approach to educational programs should be utilized so that members of the staff who provide special services for a given child may coordinate activities and maintain consistency across training procedures. All persons providing services to the child shall be members of the interdisciplinary team.
4. Programs operating under an interagency agreement, contractual, or other arrangement shall describe the terms of the arrangement, including what agency will report the children served to the Kansas State Department of Education.

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SUPPLEMENT FOR SPECIAL EDUCATION PROGRAM EVALUATION

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SPECIAL EDUCATION PROGRAM EVALUATION

RATIONALE

Professionals and advocates are concerned about assuring and improving the quality of special education service provision. Because of this concern, the importance of evaluating services is readily evident to those involved in the field. Evaluation is a process through which information is collected to assist those in decision-making roles to make judgments and to develop policy. The outcomes of evaluation are to (a) aid in program improvement and (b) to insure that appropriate and quality services, which reflect best practices, are provided for exceptional learners. Evaluation of programs in special education is a complex, multi-faceted task which should be conducted continuously, both locally and statewide, to determine if exceptional students are learning, and if excellence is being achieved.

MANDATORY REQUIREMENTS

Federal

The Education of the Handicapped Act requires that each state plan include procedures for evaluating at least annually the effectiveness of programs in meeting the educational needs of handicapped children, including evaluation of individualized education programs (20 U.S.C. 1413(a)(11); 34 CFR 300.146). As enumerated in Federal statutes and regulations, the State Education Agency (SEA) shall carry out seven administrative responsibilities:

(1) *Develop, adopt, and use procedures for evaluating, at least annually, the effectiveness of programs in meeting the educational needs of handicapped students.*

(2) *Evaluate the effectiveness of programs in meeting statutory objectives at such intervals (not less often than once every three years) and in accordance with such procedures as the Secretary may prescribe by regulation.*

(3) *Correct deficiencies in program operation that are identified through monitoring or evaluation.*

(4) *Carry out evaluations of programs conducted by or for the Secretary of Education or other Federal official.*

(5) *Assist in the evaluation of projects.*

(6) *Report to the Secretary of Education the results of required program evaluations, as may be necessary to enable the Secretary to carry out his duties.*

(7) *Maintain records and afford access to the records as the Secretary may find necessary to carry out his duties.*
(20 USC 1413(a)(11), 34 CFR 300.146; 76.301; 76.591; 76.722(a)(2); 20 USCS 1232(b)(4), GEPA)

Kansas Requirements

The Kansas State Board of Education in its strategic leadership plan, Kansas Schools for the 21st Century, asks Kansans to support new ways of evaluating the outcomes of education. The Board recognizes its responsibility for promoting quality education programs in Kansas educational systems. A restructuring of education, including special education, is necessary to achieve the goals the Board has established. Performance-based curricula and instructional systems with measurable competencies and outcomes are components of the strategic plan.

The Kansas State Department of Education is required by K.S.A. 72-971-*"to assess the progress, or lack thereof, in providing mandated special education services."* Additionally, a stated goal of the Special Education Administration Section is to develop and establish evaluation procedures, at both State and local levels, in order to facilitate planning, programming, and budgeting. On the State level the major purposes of evaluation are:

- to assess the effectiveness of the special education program in achieving its objectives and

- to facilitate program improvement.

Traditionally, emphasis has been given to evaluation of progress toward implementing State and Federal laws. This type of evaluation is still in effect and includes assessment of compliance with established standards, criteria, and guidelines. Recently, however, attention has been focused on the evaluation of the overall effectiveness of special education services in meeting the needs of exceptional students within the State. The Management Plan for Special Education states in Goal 3 - "a coordinated program evaluation system will provide Kansas decision makers with current, reliable information relevant to the improvement of special education and related services." The Special Education Administration Section will provide the leadership necessary to attain this goal.

CHARACTERISTICS OF GOOD EVALUATION EFFORTS

Good evaluation efforts can be characterized by four major factors. These factors are based upon the *Standards for Evaluations of Educational Programs, Projects, and Materials* (Joint Committee, 1981). The four factors are: *usefulness, feasibility, propriety,* and *accuracy.*

Usefulness relates to the extent to which evaluation activities serve the program development and improvement needs of users. It is focusing evaluation efforts on important program improvement concerns, conducting evaluation in a timely manner, clearly documenting and communicating program plans and evaluation results, and working closely with program staff and decision makers to insure the positive use of evaluation information.

Feasibility is the second characteristic of good evaluation. It is important for evaluation to be realistic. Activities should require reasonable amounts of staff time and disrupt operating programs to the minimal degree possible. Evaluation efforts should also be carried out in a manner that is sensitive to the concerns of various interest groups (e.g., teachers, parents, administrators) so that the assistance of these groups is secured. Finally, activities should be of sufficient value to the program development and improvement process to justify the cost of implementing those activities.

Propriety represents the third characteristic of good evaluation practice. Propriety refers to the degree to which efforts are carried out in legally and ethically responsible ways. Care should be taken to see that the rights of evaluation subjects are protected. Finally, propriety concerns the availability of evaluation results. Such availability allows all interested parties the opportunity for critical examination and review.

Accuracy is the final factor in describing good evaluation efforts. Evaluation activities should be conducted in technically defensible ways. The context in which activities will be implemented should be examined so that its likely effect on evaluation can be anticipated. Input for evaluation should be gathered from a variety of sources (e.g., students, teachers, parents, administrators). Data-gathering procedures should be constructed and used to assure sufficient validity and reliability for program development and improvement purposes. Last, evaluation conclusions should be explicitly justified so that their soundness can be assessed.

COMPONENTS OF THE EVALUATION PROCESS

Evaluation is a process used in designing or modifying a program. Evaluation provides information for judgments about

- the need for the program,
- the appropriateness of program goals,
- the strengths and weaknesses of different delivery systems, and
- the overall success of program activities.

There are four components to most evaluation efforts. The first is the *statement of evaluation questions* which guide the development of the evaluation plan. The next facet is *information gathering*. Once the questions are identified, the evaluation team sets standards and designs and implements strategies to gather data to enable the questions to be answered.

The third component of evaluation is *judgment*. When data are gathered, they are put in a form that will allow people to interpret them in relation to some decision. Generally, this interpretation is a comparative process that entails the comparison of the information to some standard. A standard is an explicit or implicit statement of an expectation or requirement.

The final facet of the evaluation is the *decision*. Evaluation should lead to a decision about the program under consideration. People make decisions based on the outcome of the judgment process. The comparison between the data gathered (what is) and the standard (what should be) can lead to two possible conclusions:

* the program is producing the desired results or,

* the program does not meet expectations.

In summary, evaluation helps answer the questions:

* Are the valued outcomes being achieved?

* Do the practices make a positive difference?

* Are the necessary resources provided for quality programs?

* Are the beliefs that lead to quality programs being encouraged?

* What needs to be changed to improve program quality?

COORDINATION OF EVALUATION EFFORTS

Goal 3 of The Management Plan for Special Education outlines a structure for the development and implementation of a coordinated program evaluation system. The Special Education Administration Section will implement an annual management plan for evaluating the effectiveness of programs in meeting the educational needs of exceptional students and assuring compliance with regulatory requirements. The program evaluation plan will:

(1) identify the individual(s) within the SEA responsible for conducting or coordinating evaluation activities;

(2) identify the evaluation issues related to the effectiveness of programs in meeting statutory requirements and in meeting the educational needs of exceptional students;

(3) establish timelines for planning, implementing, and conducting evaluation activities;

(4) identify resources for disseminating the evaluation information to all involved agencies, State officials, parents, and interest groups;

(5) describe strategies for the provision of technical assistance and training for State and local staff on program evaluation;

(6) conduct or manage special studies on program evaluation relative to identified areas of need; and

(7) specify data collection procedures for the collection of program evaluation data, student information, and the total number of exceptional children and youth within the various categories of exceptionality in the State.

STEPS FOR PLANNING AND CONDUCTING A LOCAL EVALUATION STUDY

Planning for an Evaluation Study

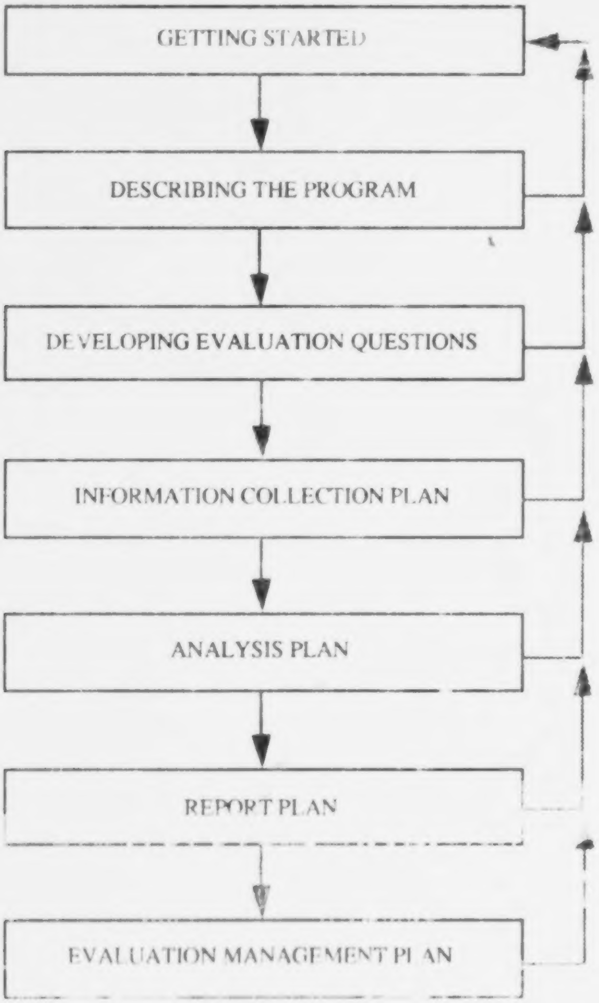
There are many approaches to the planning of an evaluation design. The product of the planning process should include not only a set of evaluation questions, data gathering and analysis techniques, but also a management plan. It is helpful to describe the planning process as a series of steps. However, it should be realized that the process is seldom linear; rather it is cyclical with the evaluators and staff constantly reviewing the process and, where appropriate, returning to previous planning steps. Planning for an evaluation can be summarized in seven steps as displayed in Figure 1 and briefly described below.

1. Getting Started

The purpose of this stage is to get ready for the evaluation. The evaluation team must be selected. Who in the LEA will design, conduct and report the evaluation? Once the team is selected, the initial focusing of the evaluation takes place. The team decides if the total program or certain elements/components are to be evaluated. Input from a variety of sources, both internal and external to the program, should be used. The input from these multiple sources of information enables the team to establish the focus and purpose of the evaluation. The product of this "getting started" phase of the evaluation is: (a) a list of the program component(s) which will be evaluated; (b) a purpose statement which specifies who is interested in the evaluation of the component(s); and (c) to what uses the evaluation information are directed.

FIGURE 1

Steps in Planning the Evaluation


GETTING STARTED
DESCRIBING THE PROGRAM
DEVELOPING EVALUATION QUESTIONS
INFORMATION COLLECTION PLAN
ANALYSIS PLAN
REPORT PLAN
EVALUATION MANAGEMENT PLAN

2. Describing the Program

In this stage, the team describes in detail the program or its components to be evaluated. The product is called a Program Design and serves as a map or blueprint that is followed by the team as they develop an understanding of the program. The components of the program are described in terms of inputs (resources), processes (activities), and outcomes (products or benefits, changes in programs or clients). Statements contained in the program description should be specific enough for anyone who reads them to understand the program. The statements should include standards and expected, desired, or mandated program characteristics.

3. Developing Evaluation Questions

A variety of questions might be addressed in evaluating a special education program. Thus, the evaluation questions must be anchored in the program description if they are to yield useful information. Evaluation questions link the program design to the evaluation design. They serve as the vehicle through which needed information is provided to the evaluation team. The evaluation questions focus the evaluation on specific elements of the program. They become the basis for the data collection strategies which are the core of the evaluation design.

4. Information Collection Plan

The central focus is matching the information/data collection to the information need(s) expressed throughout the evaluation questions. If this match occurs, then the evaluation is more likely to yield usable results. The team must plan to collect information that is useful to the evaluation audience. The team must plan to field test all data collection strategies prior to their actual use in the evaluation. Additionally, the team must plan to collect information in a timely fashion.

5. Analysis Plan

An analysis plan should be developed by the team. The plan should be limited to each individual data collection process (instrument, interview, observation, etc.). It should identify potential interpretations and analyses to be made, person(s) responsible for the analyses, dates by which the analyses must be completed, and persons who must receive them.

6. Report Plan

When planning a report, the team has two objectives:

-- to describe the methods and findings of the evaluation in relation to the questions posed in the evaluation and

-- to plan for possible actions which might be taken to overcome any discrepancies identified in the evaluation.

Reporting closes the evaluation cycle. Therefore, plans must be made to insure that it is readable, comprehensible, and timely. If not, the evaluation will fail its purpose to gather information to assist decision makers. Agreements regarding report characteristics should be made prior to the implementation of the evaluation. Additionally, the audience(s) for the report should be identified at the start. Any agreements associated with respondent identification or anonymity should be made prior to the study and maintained throughout, including the report.

7. Evaluation Management Plan

As can be seen, the evaluation process is complex; therefore, it is necessary to develop some type of management plan. There are two primary components to the management plan: a schedule of evaluation events and a budget. The plan will help organize the team's efforts. When this plan is completed, the team and others interested in the evaluation will be able to use it to assess logical consistency between and among tasks as well as the reasonableness of timelines and costs before the evaluation begins. The plan will serve as a monitoring guide as the evaluation progresses.

Conducting a Local Evaluation

After the steps for planning a local evaluation study have been accomplished, the study begins. As the program evaluation unfolds, the process of asking questions, as well as gathering information about a program, may lead to recognition of the need for program modifications. The desired product of an evaluation is information to determine whether a change is needed. Steps in conducting an effective evaluation study are displayed in Figure 2 and described below.

1. Completing Plan and Obtaining Approval

After the plan is completed, it should be reviewed by program staff and other interested parties for accuracy. It may be necessary to refocus the evaluation at this time. It also might be necessary to redefine the interest groups. Approval from stakeholders is crucial at this point in the process.

2. Preparing Instruments and Procedures

Concepts of reliability, validity, and objectivity must be considered when preparing or selecting the data collection instruments and procedures.

3. Collecting Information

There are many different, complementary types of data collection strategies, both formal and informal. These include interviews, tests, surveys, observations, and record reviews. The data must be gathered and presented within a timetable which will facilitate using it in a timely fashion.

4. Analyzing Data and Interpreting Results

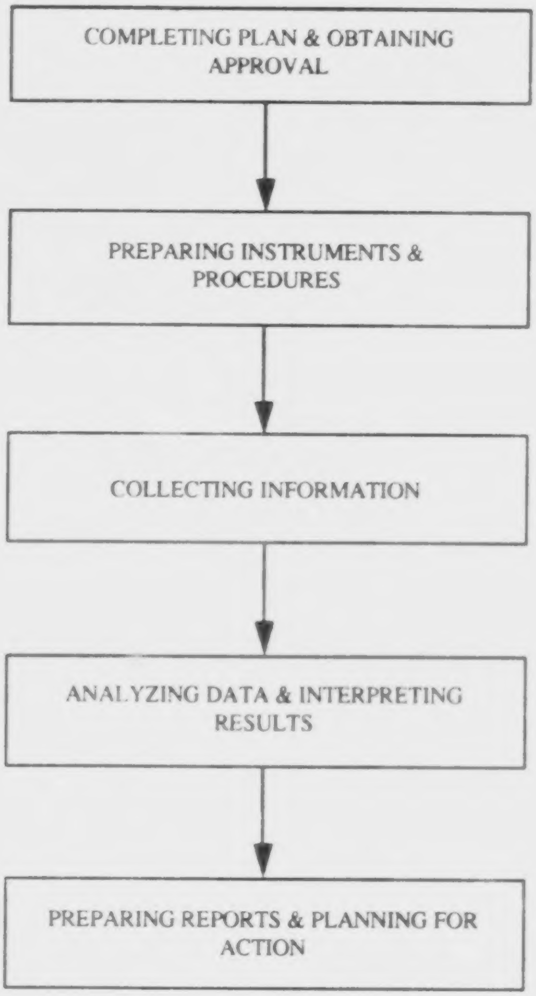
The evaluation will result in the collection of a considerable amount of data from various sources. The purpose of data analysis procedures is to reduce raw data to a manageable form to allow for interpretations and/or inference with regard to the evaluation questions. The technique and presentation strategies should be shared with possible audiences to determine their usefulness for judgment and decision-making tasks.

5. Preparing Reports and Planning for Action

Reporting is the final step in the evaluation process. It is the vehicle to get information to evaluation audiences. The team may use reports that are formal and informal and may use varied formats including written, oral, and audiovisual presentations. The evaluator's responsibility extends beyond the reporting process. It is important for the evaluator to work with the receptors of the report to assist them in interpreting the processes and products of the evaluation in relation to the objectives of the evaluation. The evaluator also should assist in the ongoing program decisions and evaluation needs of the program administration staff and other parties interested in the program.

FIGURE 2

Steps in Conducting the Evaluation


COMPLETING PLAN & OBTAINING APPROVAL
PREPARING INSTRUMENTS & PROCEDURES
COLLECTING INFORMATION
ANALYZING DATA & INTERPRETING RESULTS
PREPARING REPORTS & PLANNING FOR ACTION

SUMMARY

There are four central themes to any evaluation: **forming evaluation questions, gathering information, making judgments,** and **making decisions.** Before entering into the evaluation process, the first step involves the development of the evaluation plan. This allows the evaluation to focus on the elements of the program being studied and enabling the evaluation results to be used in decision making regarding the program. The people involved in the evaluation process must be considered: the evaluators, those who control the allocation of resources, those who are responsible for using resources in the design and implementation of the program, and those who influence program administration. Finally, the evaluation should address all components of the program: its resources, processes, and outcomes.

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Kansas State
Board of
Education

SUPPLEMENT FOR SPECIFIC LEARNING DISABILITIES PROGRAMS

Effective July 1, 1990

Revised July 1, 1990

An Equal
Employment Educational
Opportunity Agency

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Kansas State Board of Education
Approved 6/13/89

Strategic Directions for Kansas Education

The Kansas State Board of Education is charged with the general supervision of public education and other educational interests in the state. While clearly acknowledging the role and importance of local control, the State Board of Education has the responsibility to provide direction and leadership for the structuring of all state educational institutions under its jurisdiction.

The beginning place for determining the mission for the Kansas State Board of Education is the assumption that all Kansas citizens must be involved in their own learning and the learning of others. It is the combined effort of family, school, and community that makes possible the development of a high quality of life. It is the parent who is the first "teacher" of children. As we grow older, we learn that the school, the workplace, and the community support our lifelong learning and our training and retraining. The Board recognizes the responsibility it holds for Kansas educational systems and promoting quality education programs. The mission for Kansas education is that:

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We believe that the strategic directions for the structuring of Kansas education must be organized to:

- involve parents and support their efforts in the education of their children
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- expand career, lifelong learning, and applied technical preparation which is relevant to the changed nature of work in an information society
- strengthen involvement of business and industry, public and private agencies, and community groups to increase the quality of education and the development of Kansas human resources
- strengthen educational quality and accountability through performance-based curricula and evaluation systems
- develop state and local information systems which may be used for systematic feedback for program improvement, evaluation, and sharing
- strengthen positive environments and develop environments which empower learners and staff
- extend and update the professional and leadership excellence of Kansas educators essential for quality education
- extend and expand the effective utilization of information technology which can increase information access for all learners of the state and productive learning for all Kansas educational institutions
- develop learning communities which involve educational institutions, public and private agencies, and community groups in more effective methods of meeting human resource development needs.

Kansas State Board of Education

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SPECIFIC LEARNING DISABILITIES

DEFINITION

K.A.R. 91-12-22(rr) defines specific learning disability as *a disorder in the ability to learn effectively in respect to one's own potential when presented with an appropriate regular instructional environment. The inability to learn effectively is manifested as a disorder in an individual 's ability to receive, organize, or express information relevant to school functioning, and is demonstrated by a significant discrepancy between aptitude and achievement in one or more of the following areas: Preacademic skills, oral expression, listening comprehension, written expression, basic reading skills, reading comprehension, mathematics calculation, and mathematics reasoning. This discrepancy shall not be primarily attributable to vision, hearing, or motor impairments; mental retardation; emotional disabilities; environmental, cultural, or economic disadvantage; or a history of an inconsistent education program.*

PROGRAM PURPOSE

The purpose of the learning disabilities program is to provide a learning environment in which learning disabled children and youth can maximize their educational experience. The emphasis is not only on academic achievement and improvement of specific functions, but also on developing social maturity; communication skills; independent, self-support skills; and other compensatory skills.

SCREENING AND IDENTIFICATION

Identification

In addition to the requirements found in K.A.R. 91-12-40, K.A.R. 91-12-58 calls for the following procedures for identifying learning disabled children:

1. *Each child's regular teacher or a regular teacher qualified to teach a child of that age also shall be included on the evaluation team.*
2. *Any child whose intellectual functioning is more than two standard deviations below the mean of the standardized, individual test of intellectual functioning administered to the child shall not be identified as learning disabled. A total or full-scale score shall be used in applying the intellectual criterion. If the measured intellectual functioning of a child does not meet this criterion, but the results of the test are suspect and the child's level of intellectual functioning is believed to be within the stated criterion, the individual responsible for assessing intellectual functioning shall state in writing the specific data which support that supposition.*

NOTE: Slow learning students whose ability level ranges between one and two standard deviations below normal, (e.g. 70-85 IQ) and who are working commensurate with their ability level are not considered for identification as learning disabled.

3. *At least one evaluation team member, other than the child's regular teacher, shall observe the child's academic performance in the regular classroom setting. In the case of a preschool age or out-of-school child, the observation shall be made in an age-appropriate environment. Observations concerning the child's behavior and learning shall be recorded. The individual responsible for the observation shall be trained to use observation as a diagnostic procedure.*

Significant Discrepancy Criteria

The criteria for determining the existence of a significant discrepancy between intellectual ability and measured achievement is outlined in K.A.R. 91-12-58(a)(4-5).

A systematic method which includes use of a standard score comparison must be used. The achievement and intellectual functioning scores must be converted to the same standard score scale so they can be directly compared.

Two acceptable methods for establishing that a discrepancy exists have been adopted through K.A.R. 91-12-58(a)(4).

(A) *The regression formula for predicting the discrepancy between aptitude and achievement, as prescribed in Appendix G of 'Kansas Guidelines for Identifying Children and Youth with Specific Learning Disabilities,' 1986, published by the Kansas department of education, is adopted by reference, shall be used to determine whether a significant discrepancy exists.*

(B) *The simple standard score difference between aptitude and achievement, as prescribed in Appendix G of 'Kansas Guidelines for Identifying Children and Youth with Specific Learning Disabilities,' 1986, published by the Kansas department of education, is adopted by reference, shall be used to determine whether a significant discrepancy exists if the technical data necessary to account for the effects of regression are not available.*

K.A.R. 91-12-58(a)(5) indicates that *In cases where significant discrepancy criteria have not been met, but the multidisciplinary team believes there is a significant discrepancy, the team shall state, in writing, the assessment procedures used, the assessment results, the criteria applied to judge the importance of any difference between expected and current achievement, and its reasons for believing that a severe discrepancy is present that is not correctable without the provision of special education.*

MULTIDISCIPLINARY TEAM REPORT

As prescribed in K.A.R. 91-12-58(a)(6), *The multidisciplinary team shall prepare a written report of the results of each evaluation which shall include the following:*

- *(A) Whether the child has been provided with learning experiences in an environment which is appropriate for the child's age and ability levels, and a statement that the child has failed to learn in that environment;*
- *(B) whether the child has a significant discrepancy between achievement and aptitude.* The discrepancy formula used and the results of the discrepancy calculations should be noted.
- *(C) the relevant behavior noted during the observation of the child;*
- *(D) the relationship of that behavior to the child's academic functioning;*
- *(E) the determination of the team concerning the effects of environmental, cultural, or economic disadvantage;*
- *(F) any educationally-relevant medical findings.* A neurological and/or medical examination is not required for identification as learning disabled. However, the evaluation team may deem a medical examination critical as part of the comprehensive evaluation of the student.
- (G) *whether the child has a specific learning disability which is not correctable without special education or related services or both; and*
- *(H) a written statement for each evaluation team member certifying that the report reflects that member's conclusions. If it does not, the team member shall submit a separate, written statement presenting the member's conclusions. This statement shall be included in the team report.*

SPECIAL CONSIDERATIONS

The degree of the aptitude achievement discrepancy may decrease as a pupil receives special education, progresses academically, and maintains that progress. Consideration of these factors needs to be used to determine a pupil's movement along the continuum of special and regular education options and in targeting appropriate transfer from a special education instructional program. A pupil who attains an achievement level commensurate with the expected performance, given current grade level placement and intellectual functioning, and is able to maintain satisfactory educational performance in the regular classroom program should be transferred from the special education instructional program. It is recommended that a trial placement in the regular classroom program of not more than one semester, without the provision of direct instruction from the special education teacher, should be provided a pupil prior to termination of services.

The specialized instruction required for learning disabled students may be of value to other students, but the population to be served with special education funds does not include students with learning problems which are the result of poor instruction or economic or cultural deprivation, unless these students also have been identified as specific learning disabled.
Guidelines for identifying students suspected of having a specific learning disability are available from the Kansas State Department of Education, Special

Guidelines for identifying students suspected of having a specific learning disability are available from the Kansas State Department of Education, Special Education Administration Section.

CURRICULUM

The curriculum of learning disability programs is, in general, the same as that in the regular classroom. However, supplementary materials and specific methods and techniques are used to help the learning disabled student take advantage of his/her learning strengths and overcome his/her learning weaknesses.

In providing educational programs for students with learning disabilities, an important consideration is the range of variability. Individualized instruction based on diagnostic prescriptive techniques is essential. A variety of instructional materials and equipment must be available to allow the teacher to adjust activities to the needs of the student.

In addition to academic goals, the IEP should address social relationships, positive attitudes toward learning, and skills which will allow the student to take part successfully in activities outside the classroom. An example might be the development of good motor coordination where skills in walking, dancing, or ball playing will enhance self-concept and acceptance by his/her peers. Responsibility for the supplementary activities may be assigned to persons other than the learning disability teacher. For example, in meeting the motor coordination needs of the student, the assistance of the physical education teacher may be required. This involves team effort and staff cooperation.

Secondary Level Programs

There must be continuity in the learning disabilities program from elementary to junior high to the high school level. At the secondary level, however, it may be necessary to change the structure of the learning disability program to meet the needs of the individual student. The following instructional program components should be considered for an appropriate curriculum. They are not exclusive to the learning disabilities area, nor are any of them a total program in themselves.

1. Functional Competencies/Survival Skills
   This approach is aimed at equipping students to function independently outside of the school setting and to meet the societal demands of day-to-day living. This would include such basic skills as check writing, basic English (reading signs and simple directions), filling out forms, reading want ads, balancing checkbook, etc.

2. Compensatory Skills/By-pass Method Using Media
   Emphasis is on altering the presentation of content to accommodate the individual learning styles of the student. When traditional methods have proven ineffective, textbooks may be taped, essay tests redesigned, and alternate ways of study and test taking provided.

3. Basic Skills Instruction
   Basic skills instruction is designed to increase student performance in the various areas of language arts and math skills. As the student progresses through the secondary level, less emphasis should be placed on basic skills.

4. Job Related Skills/Vocational Education and Career Education
   Instruction in this area shall combine knowledge of and performance in career exploration and specific job entry skills.

5. Learning Strategies/Coping Skills
   This component is designed to equip students with techniques, principles, or rules which facilitate their ability to acquire, work with, integrate, remember, and recall information. These strategies are content-free and are designed to aid the student in meeting school and life demands.

Vocational and/or career education goals of the IEP will need to be carried out by personnel trained in those areas. Programming for junior high school students closely parallels that of the senior high level. Although adjustments may be needed to adapt the secondary program components to the junior high school age student, the departmentalized program of the junior high requires the same type of system changes and recognition of social and psychological problems as at the senior high level. The vocational component would be replaced by a prevocational type of program at this level.

ADMINISTRATIVE STRUCTURES

In the learning disability area, variations in program structure are encouraged in order that districts may implement programs which are adjusted to the learner and to local needs. The student should be able to move in either direction—to more intensive or less intensive services as needed. The most frequently used administrative structures are given below.

Consulting Model

As the student is able to function more independently, or as the regular classroom teacher becomes proficient in meeting the student's needs, the learning disability teacher will withdraw from contact. The student's name should be placed on an inactive caseload list at that time, but the learning disability teacher will continue to check on his/her progress at regular intervals until it has been documented that the student is progressing satisfactorily. If further problems develop, the student will be returned to the active caseload.

CLASS SIZE AND CASELOAD

Maximum numbers of students to be served are established to assist schools in maintaining quality control of programs and to ensure cost-effectiveness. However, it is essential that districts/cooperatives carefully evaluate the number of students in each program on an individual program basis. The following should be considered as requiring a lower student-teacher ratio.

1. Programs serving several students who are severely handicapped or who have serious behavior problems.
2. Programs in a school where socio-economic conditions increase student and family problems.

Class size and caseload limitations for learning disability programs are given in K.A.R. 91-12-58(b) as follows:

Table IX
Class Size and Caseload for Learning Disabled Program

Program Level	*Administrative Plan*	*Maximum Class Size and Caseload*
All Levels	*Consulting Teacher*	*No more than 1/3 time to be spent with students.*
	Itinerant Teacher Shall not be assigned to more than 5 attendance centers	*18* *Increase to 24 with one or more paraprofessionals*
	Resource Room	*18* *No more than 10 at one time. Increase to 22 with one or more paraprofessionals*
	Special Classroom	*10* *Increase to 14 with one or more paraprofessionals*

Consulting Model

Caseload for this type of program is not applicable. No more than one-third of the teaching time is to be scheduled with students.

Itinerant Model

Where learning disability teachers are assigned to schools separated by considerable distance or if students other than mildly handicapped are served, it is strongly recommended that assignments should be limited to no more than three attendance centers.

When a paraprofessional is employed to work in an itinerant program, he/she *may work with an exceptional child when the professional is not in the building only if the professional works directly with both that child and the paraprofessional at least twice a week. If the itinerant professional is not present each day, the paraprofessional shall be assigned to, and supervised by, a designated principal or regular classroom teacher* (K.A.R. 91-12-61(b)(4)).

A resource room program may not serve more than ten students at any one time nor more than eighteen students. If one or more paraprofessionals are added to the program, a maximum of four additional students may be served.

Self-Contained Classroom Model

The maximum class size for self-contained programs for learning disabled students at all levels is ten. Due to the severity of the handicaps of children assigned to these programs and to their needs for much smaller group or individual work, it is recommended that schools provide paraprofessional assistance to self-contained special classrooms and that careful consideration be given to the needs of the students before additional students are assigned. If appropriate, additional students may be added to the caseload if one or more full-time paraprofessionals are assigned to the program, to a maximum of four additional students.

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The Kansas State Board of Education does not discriminate on the basis of sex, race, color, national origin, handicap, or age in admission or access to, or treatment or employment in, its programs or activities. Any questions regarding the Department's compliance with Title VI, Title IX, or Section 504 may be directed to the Title IX Coordinator, who can be reached at (913) 296-2424, 120 East 10th Street, Topeka, Kansas 66612, or to the Assistant Secretary for Civil Rights, U. S. Department of Education.

VISUALLY IMPAIRED

DEFINITION

'Visual impairment' means limited vision that interferes with educational or developmental progress, or both.

(1) *'Partially seeing' means a visual limitation which constitutes an educational handicap but does not prevent the use of print as the primary educational medium.*
(2) *'Blind ' means a visual limitation which requires dependence on tactile and auditory media for learning* (K.A.R 91-12-22(tt)).

Legal Blindness is a descriptive term applying to the blind and to certain partially seeing. It is used solely for the purpose of qualifying the State for certain amounts of Federal funds for each student so identified.

PROGRAM PURPOSE

Visually handicapped children and youth are more like than unlike their sighted peers. A sighted student relies on his/her sense of vision for much stimulus and acquisition of knowledge regarding his/her environment. A visually impaired student must learn with his/her remaining senses. It has been shown that most visually impaired children and youth can compete and achieve in regular school activities if given appropriate understanding, support, and assistance. Therefore, emphasis should be placed on the integration of these students into the general school population.

SCREENING AND IDENTIFICATION

Medical History

Many partially seeing and blind children are identified at an early age by specialists, family physicians, public health or school nurses, or health and welfare agencies through routine examinations and/or surveys. Local education agencies should be alert to the possibility that children entering into their schools for the first time may have an identified vision impairment and should carefully study all medical histories.

Vision Screening

Children and youth with unrecognized and uncorrected visual impairments may be identified initially through the Kansas compulsory vision screening program and follow-up. Statutes which mandate vision screening are as follows:

> K.S.A. 72-5205. *Each school board shall provide basic vision screening without charge to every pupil in its school not less than once every two years. All such tests shall be performed by a teacher or some other person designated by the school board. The results of the test and, if necessary, the desirability*

> *of examination by a qualified physician or optometrist shall be reported to the parents or guardians of such pupils. Provided, That the information so reported shall not show preference in favor of any such professional person.*
>
> K.S.A. 72-5204(c). *Basic vision screening means an eye testing program for each child based on a chart which is graduated as to size of symbols or the so-called Snellen Test, or any other system or method of testing equal thereto or better in the judgment of the school board.*
>
> K.S.A. 72-5206. *The requirements of this act shall not apply to a child who has had a basic vision screening examination within six months prior thereto.*

It is not advisable to have a physician or eye specialist conduct the basic vision screening, since parents and school patrons may confuse this screening procedure with the more comprehensive eye examinations performed in the specialist's office.

Observation

Basic vision screening does not identify all students who need eye care or who require a careful evaluation. Therefore, those who display any of the following behaviors should be considered for evaluation:

1. Signs of visual discomfort, eye disease, or unusual appearance or positioning of the eyes;
2. Difficulty in performing academic tasks requiring visual activity;
3. Unusual behavior or adjustment problems;
4. Uncertain movement in familiar surroundings; and
5. Unusual positioning of the head.

Referral for Eye Examination

When school personnel have determined, through screening and/or observation, that a student is suspected of having an educationally significant vision loss, parents shall be so informed. Parents shall be counseled with and encouraged to obtain an eye examination by an eye specialist. If the parents fail to obtain the needed examination, the local education agency may then apply to a court of competent jurisdiction for an order directing such an action. To this end, records of all contacts and consultations with parents shall be maintained. Any recommended treatment/correction resulting from the eye examination shall be completed prior to consideration of educational intervention. *In addition to the requirements of K.A.R. 91-12-40, when visual impairment is the suspected disability, the child's parent shall provide any recommended treatment or correction or both resulting from an eye examination by an eye specialist prior to the comprehensive evaluation* (K.A.R. 91-1259(a)).

MANDATORY REPORTING TO SPECIAL EDUCATION SECTION

Mandatory state reporting. All legally blind children age birth to 21 years shall be reported, as soon as identified, to the special education administration section (K.A.R. 91-12-59(e)). All public officials having official duties with respect to visually impaired persons shall cooperate in obtaining a full report of information. The Special Education Administration Section shall maintain a central file of pertinent information concerning blind and visually impaired children and youth.

The Special Education Administration Section, Kansas State Department of Education, is responsible for all special education programming for visually handicapped students, zero to twenty-one years of age, and shall coordinate (1) all State resources to eliminate unnecessary duplication, (2) professionally developed program standards, and (3) provision of educational intervention at the earliest possible age.

CURRICULUM

The curriculum of an effective program for the visually impaired shall be adapted from the general educational program to meet the individual needs of the visually impaired student. The required adaptations shall be based upon the student's developmental functioning level and readiness for learning. The specific objectives of the program shall be performance based and prescriptive in nature. The instructional methods and procedures for the visually impaired shall stress the following:

1. Individualization,
2. Concreteness,
3. Unified instruction,
4. Additional stimulation, and
5. Self-activity.

Teachers of visually impaired students shall be conscious of the need for clarity and concreteness in verbal and written directions, choosing multisensory illustrations and devising experiencial learning situations whenever appropriate.

The special teacher's aim shall be to provide instruction to supplement or augment that available in the regular class. Emphasis shall be given to the chief modality through which the student learns and to strengthening the weaker modality. The visually impaired student shall be led to develop the ability of self-evaluation in terms of both his/her assets and his/her impairments. He/she shall be motivated to develop the ability to assume his/her full share of responsibility for his/her total education without excessive dependence on others.

A thorough, meaningful orientation to his/her environment and independent mobility skills are essential for a visually impaired student to develop self-confidence, to travel safely and independently, and to profit maximally from his/her educational experiences.

ADMINISTRATIVE STRUCTURES

Public School Programs

Administrative plans appropriate to the education of visually impaired students are as follows: the self-contained classroom, the resource room, the itinerant teacher plan, consultative services for the regular classroom teacher, special instructional materials and/or equipment only, integrated special classrooms, and special day schools. The plan selected shall meet the individual needs of the student.

In most attendance centers the number of visually impaired children and youth to be served will be small enough to require the services of a resource teacher for only part of a day. The specialist, then, may function as an itinerant and consulting teacher for other visually impaired students in the area. This specialist may also initiate vision screening or interpret the results and make appropriate referrals. A vision teacher may serve in one school district or in a special education cooperative program. Care shall be exercised to avoid overextending the special teacher.

Preschool Programs

In meeting the needs of preschool multihandicapped children with visual impairments, schools shall plan with the Special Education Administration Section to establish individually designed supportive services. Many visually impaired children will require such services in their home communities in order that they may be ready for appropriate educational situations. While educational services are not mandated for preschool children, it is strongly recommended that early intervention programs be provided whenever possible, including parent counseling.

Residential Program

Supervision: The administrative structure and operation of the Kansas State School for the Visually Handicapped shall be subject to direct approval by the State Board of Education. The education program of the Kansas State School for the Visually Handicapped shall be monitored by the Special Education Administration Section of the Kansas State Department of Education through the Commissioner of Education, including program approval, curriculum development, and certification of teachers.

Program Emphasis: The program emphasis at the Kansas State School for the Visually Handicapped shall be to specialize in providing services for visually handicapped children in the following circumstances:

1. Children and youth who live in districts which, due to widely spread territory, fail to provide the constant services designated in the IEP.
2. Children and youth who, according to recommendations of their IEP's, need short term intensive instruction in one or more subject(s).

3. Children and youth who, in addition to the visual handicap, have compounding, handicapping conditions to the extent that they cannot adequately function in a public school program. These students may include the trainable mentally retarded visually impaired and, in certain instances, severely multihandicapped/deaf-blind, according to the goals and functional level indicated in the IEP's.
4. Students recommended by the local placement team for Kansas State School for the Visually Handicapped vocational training.

Staff development and/or technical assistance shall be provided to local education agencies upon request and to the extent availability of personnel and resources allow.

Both visually impaired and multihandicapped visually impaired students from birth through twenty-one years of age may receive services from the State school either on campus or on an outreach basis. Placement of a student in the State School for the Visually Handicapped shall be made only after the local district and the parents have exhausted other appropriate placement options locally. When the original comprehensive evaluation and staffing are to be conducted by the local school district/cooperative and the State School for the Visually Handicapped is an alternative placement for the child, a representative from the State school shall be included in the staffing.

Students enrolled at the State School for the Visually Handicapped shall have access to the education programs in the local school districts near the location of the school on either a part-time or full-time basis. (See the State Plan for Special Education.)

SUPPORT SERVICES

Paraprofessionals and/or volunteers can enhance the educational program and free the certificated personnel from routine and noninstructional tasks. Typical tasks for volunteers and paraprofessionals in a vision program include taping and/or brailling materials, preparing worksheets and other noncommercial materials, completing clerical tasks, reading to or listening to an individual student or small group, and preparing bulletin boards.

STATE AND FEDERAL RESOURCES

A Federal act to promote the education of the visually impaired provides a limited amount of funds to each state to aid in the distribution of textbooks and educational materials to legally blind students in public and private nonprofit schools. In Kansas, these books in large print or braille, maps, and disc and tape recordings may be borrowed for use during the school year through Wichita Regional Library for Visually Impaired and Blind. Also available are special tangible apparatus, such as braille writers, book racks, magnification devices, tape recorders, and abaci.

School administrators should request equipment, materials, and textbooks for visually impaired students in advance of the time they will be needed. Requests for books must be made by title and copyright date. The Wichita Regional Library will attempt to secure adopted and supplemental texts, library books, and enrichment materials which are required in the schools. When needed materials are unavailable at the Wichita Regional Library, these materials shall be obtained through the American Printing House for the Blind, utilizing the State quota account of Federal funds.

CLASS SIZE AND CASELOAD

The class size or caseload of each teacher of the visually handicapped children shall be established from the individualized education programs of the identified students served by that teacher (K.A.R. 91-12-59(d)). Suggested class sizes and caseloads for teachers of the visually impaired are specified in Guidelines for Programs for Blind and Visually Impaired.

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Kansas State Board of Education

SUPPLEMENT FOR VOCATIONAL/TRANSITION PROGRAMS FOR STUDENTS WITH HANDICAPPING CONDITIONS

Effective July 1, 1990

Revised July 1, 1990

An Equal Employment Educational Opportunity Agency

Kansas State Board of Education
Approved 6/13/89

Strategic Directions for Kansas Education

The Kansas State Board of Education is charged with the general supervision of public education and other educational interests in the state. While clearly acknowledging the role and importance of local control, the State Board of Education has the responsibility to provide direction and leadership for the structuring of all state educational institutions under its jurisdiction.

The beginning place for determining the mission for the Kansas State Board of Education is the assumption that all Kansas citizens must be involved in their own learning and the learning of others. It is the combined effort of family, school, and community that makes possible the development of a high quality of life. It is the parent who is the first "teacher" of children. As we grow older, we learn that the school, the workplace, and the community support our lifelong learning and our training and retraining. The Board recognizes the responsibility it holds for Kansas educational systems and promoting quality education programs. The mission for Kansas education is that:

Each person will have the skills and values necessary to contribute to our evolving society.

We believe that the strategic directions for the structuring of Kansas education must be organized to:

- involve parents and support their efforts in the education of their children
- expand learner-focused approaches to curricula and instruction that can amplify the quality and scope of learning
- expand career, lifelong learning, and applied technical preparation which is relevant to the changed nature of work in an information society
- strengthen involvement of business and industry, public and private agencies, and community groups to increase the quality of education and the development of Kansas human resources
- strengthen educational quality and accountability through performance-based curricula and evaluation systems
- develop state and local information systems which may be used for systematic feedback for program improvement, evaluation, and sharing
- strengthen positive environments and develop environments which empower learners and staff
- extend and update the professional and leadership excellence of Kansas educators essential for quality education
- extend and expand the effective utilization of information technology which can increase information access for all learners of the state and productive learning for all Kansas educational institutions
- develop learning communities which involve educational institutions, public and private agencies, and community groups in more effective methods of meeting human resource development needs.

Kansas State Board of Education
Kansas State Education Building
120 East 10th Street Topeka, Kansas 66612

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VOCATIONAL PROGRAMS AND TRANSITION FOR EXCEPTIONAL STUDENTS

The delivery of a continuum of appropriate programs and services to handicapped individuals requires the cooperative efforts of the Special Education Administration Section and Vocational Education Administration Section in the Department of Education and the Division of Vocational Rehabilitation in the Department of Social and Rehabilitation Services. Regulations accompanying the Education of All Handicapped Children Act of 1975 (P.L. 94-142), the Vocational Education Amendments (P.L. 94-482), the Rehabilitation Act of 1973 as amended by P.L. 95-602, and the Kansas Special Education for Exceptional Children Act, (K.S.A. 72-933 and 72-966) all address the provision of appropriate vocational training for handicapped students. *'Vocational training' means instruction which prepares handicapped individuals for paid or unpaid employment, or which provides additional preparation for a career requiring other than a baccalaureate or advanced degree* (K.A.R. 91-12-22 (uu)).

The Kansas Transitional Planning for Developmentally Disabled Persons Act (K.S.A. 75-5372, 75-5373, and 75-5374) was passed in 1986. Transition means . . . *an outcome-oriented process encompassing a broad array of services and experiences that lead to employment. Transition is a period that includes high school, post-graduation, additional post-secondary education or adult services, and the initial years of employment.*

(U. S. Office of Special Education Programs, 1984)

PHILOSOPHY

Vocational training is broader than traditional vocational education and encompasses a variety of alternative delivery models necessary to meet the unique needs of handicapped learners. The concept of vocational training includes the vocational education funded programs as well as the postsecondary options. Special education students who are interested in and can benefit from vocational education programs must have access to them. Traditional vocational education programs must be expanded and strengthened to assure their appropriateness for handicapped students. Modified, adapted, or special vocational training programs must be available for those special education students who cannot benefit from the regular vocational education programs.

It is essential that a close working relationship be established and maintained among special education, vocational education, and vocational rehabilitation personnel in order to provide an integrated delivery system for the vocational training of students who are handicapped. The provision of vocational training programs must be based upon a mutual commitment and philosophy of placement of persons who are handicapped in the least restrictive environment as well as a commitment to the coordination of these services among agencies.

RESPONSIBILITIES

Local Education Agencies

Each local education agency shall adopt procedures for assuring participation of handicapped students in vocational programs (K.A.R. 91-12-65(a)). The local education agency should establish cooperative efforts between agencies within and outside the district in order to ensure the efficient use of resources. The following objectives are suggested to guide the development of a local plan for providing appropriate vocational programs and services:

1. To provide vocational education within the career education continuum to enable handicapped students to learn about and prepare for work.
2. To provide appropriate prevocational experiences to prepare handicapped students for placement in vocational training.
3. To provide handicapped students the opportunity to participate in a regular or special vocational training program in order to develop job-specific skills.
4. To provide vocational assessment to determine handicapped students' interests and vocational aptitudes in order to develop an appropriate individualized education program.
5. To provide supportive services needed to maximize the handicapped students' potential for success in a regular or specially designed vocational training program.
6. To provide work experience options to handicapped students to bridge the gap between the school program and the world of work.
7. To provide vocational counseling and job placement and follow-up services to handicapped students to assist them in securing and maintaining jobs suitable to their abilities and interests.
8. To provide appropriate work activities or sheltered employment training programs to handicapped students whose impairments are so severe as to prevent their immediate inclusion in occupational skill preparation programs.
9. To contact Division of Vocational Rehabilitation, Department of Social and Rehabilitation Services, or other appropriate agencies as indicated by the needs of the student.
10. To refer developmentally disabled children to the designated section of the Department of Social and Rehabilitation Services, as required by K.S.A. 75-5372 through 75-5374, at least two years prior to graduation or at least two years before attaining the age of twenty-two years. The referral shall be made with the consent of the developmentally disabled person or their lawful custodian on a form developed by the Department of Social and Rehabilitation Services. Included on the form shall be the expected date for graduation or termination of special education services. The transition statute will be implemented in an incremental manner due to the absence of new fiscal or staff resources. First priority will be given to students with severe disabilities.

Division of Vocational Rehabilitation (DVR) and Services for the Blind and Visually Handicapped (SBVH)

The Division of Vocational Rehabilitation (DVR) will accept the responsibility for the provision of rehabilitation services for all eligible handicapped. To be considered eligible for services, there must be a physical or mental disability which results in a substantial handicap to employment for the individual.

The Services for the Blind and Visually Handicapped (SBVH) will accept full or partial responsibility for the provision of rehabilitation services for eligible visually handicapped students ages sixteen and over who are not enrolled in school. Where students are interested in returning to school, either DVR or SBVH will confer with the school district in an attempt to have structured within the district an educational or vocational education program that would lead to completion of an appropriate course of study.

Either SBVH or DVR is the accountable agent for coordination of postsecondary training and placement of eligible persons ages eighteen to twenty-five years who have completed an approved course of study and graduated from a public school program.

Vocational Education

The traditional vocational education funded programs are, by Federal definition (Section 195, P.L. 94-482), *directly related to the preparation of individuals for paid or unpaid employment, or for additional preparation for a career requiring other than a baccalaureate or advanced degree.* The definitions of handicapped are the same in vocational education regulations as they are in special education. The policy for admission of students shall provide that individuals will be admitted for enrollment in vocational education classes and provided instruction for each type of occupation or occupational field based on their potential for achieving competence in the occupation or occupational field through such instruction. Individuals will be admitted to and provided instruction in special classes for persons with special needs, if such individuals have academic or other handicaps that have prevented them from succeeding in the other vocational education programs and, therefore, require instruction which is especially designed to enable those individuals to develop competencies adequate for employment in a recognized occupation.

Ten percent of all Federal vocational education funds received by the State shall be used towards the goal of providing training and special support that will assist handicapped students to be successful in programs which prepare them for employment. When handicapped students are served in regular vocational programs, the Federal funds may be used only for costs which exceed those of the regular vocational program. Where vocational programs are designed specifically for handicapped students, Federal vocational education set-aside funds may be used toward the total program cost. The local district must match these Federal funds with 50 percent State and/or local funds. This ratio may be adjusted in areas of high concentration of unemployment and poverty. The State Special Education Categorical Funds may be used as the local match in these situations.

Programs designed to maintain handicapped students in regular vocational programs are the State priority for funding. The learning skills center concept is a frequently funded model. These centers are designed to provide improvement of basic education knowledge essential to the vocational education program. Vocational education special needs funds may also be used to pay for a paraprofessional to assist the vocational education teachers in adapting the program to meet the needs of handicapped students.

VOCATIONAL ASSESSMENT PROCESS

Vocational assessment is the process whereby school personnel gain insight into students' vocational potentials — their abilities, interests, and the most appropriate work environment. The assessment information should be used in planning the vocational training portion of the student's individualized education program. Such procedures shall include an assessment of the interests, abilities, and special needs required for participation in vocational programs and transition to adult life planning for each handicapped student (K.A.R. 91-12-65(a)(1)).

The comprehensive evaluation for all referred secondary students should include a vocational assessment. For those secondary students previously identified as handicapped, the annual program review should include a vocational assessment.

In addition to the requirements specified in Screening, Evaluation, Placement, and Review section of the State Plan for Special Education, a vocational assessment should address work history, work skills, work tolerance, self-confidence in work ability, job seeking skills, and work related competencies, such as mobility, communication, money management, grooming, and hygiene.

It is essential that the vocational assessment include interviews and behavioral observations as well as assessment instruments. Vocational assessment must be performed by persons qualified by training and experience for this function. When such personnel are not available within the district, arrangements to provide this service can be made with other agencies, organizations, or qualified individuals. Vocational rehabilitation funds may be available for certain individual assessment procedures when such services do not duplicate existing assessment.

The assessment process will indicate vocational program decisions for the individualized education program (IEP) development. Appropriate planning includes *counseling services designed to facilitate the transition from school to post-school employment and career opportunities* (K.A.R. 91-12-65 (a)(3)). Planning needs to extend to the vocational expectations for the student at the completion of the high school program and includes *information concerning the opportunities available in regular and adapted vocational education programs. Such information shall be provided at least one year before a student enters the grade level in which vocational education programs are first generally available, but no later than 9th grade, and shall include the requirements for eligibility for enrollment in such vocational education programs (K.A.R. 91-12-65 (a)(4)).*

Program completion may lead directly to employment or to a postsecondary program, then to employment.

ADMINISTRATIVE STRUCTURES

Vocational training may be provided in a variety of settings and under the direct or joint responsibility of different disciplines. Further, the amount and nature of instructional and/or support responsibility varies for each program. *These include adaptation of curriculum, instruction, equipment, and facilities designed to meet the needs of each handicapped student participating in vocational programs, K.A.R. 91-12-65(a)(2)).*This includes the following subsections provide general descriptions and examples that should assist local schools in program planning and implementation.

Regular Vocational Training

Regular vocational training refers to any general vocational education high school programs available in a school district regardless of the source of funding for the program. These would include traditional programs that provide specific skill training in vocational agriculture, business and office occupations, trade and industrial education, health occupations, cooperative education programs, etc., as well as any locally developed vocational training. This program would lead to advanced training at the postsecondary level or an entry level job.

All handicapped students who choose a regular vocational training program and have been determined to be capable of benefiting from the program without any significant changes in the courses would comprise the target population. Students would range from those requiring no support services to those needing one or more of such services as speech, prosthetic appliances, interpreter, note-taker, counseling, special materials, instructional aids or equipment, or transportation.

Instruction in regular vocational training programs is the responsibility of vocational education teachers in public or private programs. Student support services may be provided by vocational education, vocational rehabilitation, and special education funds. Direct individual support services may be provided or supervised by special education and/or special needs vocational education personnel. Indirect services for individuals through provision of equipment, appliances, tools, transportation, etc. may be provided by vocational rehabilitation funding when these services do not duplicate existing services.

Adapted Vocational Training

Adapted vocational training represents program alterations or accommodations in any one or more of the available regular vocational training programs. Adaptations might be made through curriculum modifications, changes in modality of instruction, or special instructional aids for the instructor. This program option should lead to regular or adapted vocational training at the postsecondary level or to an entry level job.

Instructional responsibility for adapted vocational training courses lies with vocational education instructors in the local education agency or area vocational-technical programs. Vocational education funds are available to make adaptations when necessary for special needs students. Student support services may be provided through vocational education, vocational rehabilitation, and special education funds. Direct individual support services may be provided or supervised by special education and/or special needs vocational education personnel. Indirect support services may be provided through vocational rehabilitation funding when these services do not duplicate existing services.

Special Vocational Occupational Training

Special vocational/occupational training programs are those that are designed specifically for selected vocational or occupational areas that are not available through an adapted vocational program or that provide training in occupational areas that are outside of the traditional scope of vocational education. Examples of special vocational/occupational programs include work-study programs and general industrial training through store front training centers or on-campus product assembly line centers.

Training is usually directed toward a semi-skilled or service occupation for which there is a labor demand, and emphasis on prevocational skill training is a major component of the training. Participation in one or more of these types of programs is designed to provide prerequisite skills for entering an adapted vocational training program at the secondary or postsecondary level or to provide entry level job skills.

Students who select this program option or who have been determined to have disabilities that suggest difficulty in successful participation in a regular or adapted vocational program make up the target population for special vocational/occupational training programs. Students may need one or more of the support services provided for handicapped students to successfully complete this type of program.

Instructional responsibility in special vocational/occupational training programs rests with the instructional personnel of any given program. Programs may be initiated and administered under the auspices of special education, cooperatives between vocational and special education personnel, or cooperatives between the local education agencies and public agencies or community rehabilitation agencies. Vocational education, vocational rehabilitation, and special education funds for the handicapped may be used in developing and maintaining programs of this type. Direct student support services may be provided or supervised by special education and/or special needs vocational education, as well as public or community agency personnel as part of their contractual agreements. Services for individuals may be provided through vocational rehabilitation funding when such services do not duplicate existing services.

Work Adjustment Training

Work adjustment training focuses on work readiness skills and personal-social development within the context of work sample procedures or structured situational assessment through on-the-job experience training. The program is designed to provide work ready skills for participating in special vocational/occupational training programs or entry level job skills.

Students placed in a work adjustment program exhibit moderate to severe handicaps primarily in the area of personal and social functioning that interferes with their ability to succeed in other vocational/occupational programs. While these students may require some prevocational training, their primary training need is that of developing personal and social skills required by the world of work. Most of the students will need one or more support services, such as speech, physical therapy, occupational therapy, recreation therapy, dance movement therapy, counseling, social work, and transportation.

The responsibility for instruction in a work adjustment training program is assumed by special education, vocational education, and/or rehabilitation agency personnel. Indirect support services for individuals may be provided or contracted through vocational rehabilitation funds when such services do not duplicate existing services. Vocational education personnel may serve in a direct or advisory role in work adjustment training.

Work Activity Training

Work activity training has as its primary objective the provision of a goal-oriented program through therapeutic activities. Work must be a central activity, but it is only one of several components of the program. Typically, training is focused on gross and fine motor manipulation, on-task behavior, communication skills, personal and social adjustment, and/or daily living skills in self-care, independence, and mobility. The program is designed to enable individuals either to move into competitive employment or to other programs, such as special vocational/occupational programs, work adjustment training, or sheltered employment.

Students placed in work activities training are those who function at a level such that they would find it difficult to succeed in a regular, adapted, or special vocational training program. Their needs in basic work skills, such as sorting, assembly tasks, disassembly tasks, product development, or use of tools characterize their level of functioning in work activities. In addition, they will typically need social, communication, and daily living training. Support services are usually needed by these students and include such services as speech and language training, physical therapy, occupational therapy, recreation therapy, dance movement therapy, social work services, maintenance, transportation, physical restoration, and counseling.

Instructional responsibility in a work activity training program is vested in special education and/or rehabilitation personnel. Direct support services to individuals will typically be provided by special education and/or rehabilitation personnel. Services for individuals may be provided through vocational rehabilitation when such services are not duplicated by other agencies. Vocational education personnel will serve in an advisory role for programming in work activities.

Postsecondary Vocational Training

Postsecondary vocational training refers to vocational or technical education programs that provide basic and/or advanced training in traditional and specialized vocational education areas. The range of training programs (designed to serve the handicapped) at the postsecondary level is much wider than at the secondary level, permitting much more individualization for handicapped individuals' interests and talents. Postsecondary training is designed to prepare individuals to move into competitive employment or obtain new or different skills for improving occupational status.

All students with a handicap who choose a vocational or technical education program and who have been determined to be capable of benefiting from the program without any significant changes in the courses would comprise the target population. Students would range from those requiring no support services at all to those needing one or more of such services as speech, prosthetic appliances, interpreter, note-taker, counseling, special materials, instructional aids or equipment, or transportation.

Instructional responsibility in postsecondary vocational training rests with the regular vocational and/or technical instructional personnel in the various public and private training institutions. Support services will be made available for individuals through vocational rehabilitation. These support services may be delivered directly by designated special needs instructors or counselors in the schools or by selected qualified personnel in the community.

Postsecondary Work Evaluation/Work Adjustment

Postsecondary work evaluation and/or work adjustment programs are functional components of most community rehabilitation facilities. Work evaluation is provided for individuals as needed for periods up to eighteen months for purposes of determining individual vocational objectives, assets, limitations, and behaviors in the context of work environments in which they might function.

Work adjustment services are those provided for the purpose of developing behaviors needed to pursue a satisfactory level of vocational development. The length of time that an individual remains in work adjustment shall be primarily based on the time necessary to accomplish the individual's adjustment goals. Both work evaluation and work adjustment are designed to enable individuals to move to a specific skill training program or to an entry level job. Such programming typically occurs in a rehabilitation facility but is not limited to that environment.

Individuals determined to be functioning on a level that makes regular prevocational or vocational assessment unfeasible, or individuals whose behavioral repertoires are too limited to take advantage of any other type of vocational or occupational training comprise the target population for this program. Most will need a wide variety of support services, including speech and language training, physical therapy, occupational therapy, dance movement therapy, recreation therapy, social work, psychiatry, transportation. and vocational rehabilitation.

Instructional or evaluation services are the responsibility of work evaluation or work adjustment specialists who have been contracted through vocational rehabilitation. Support services are also provided for individuals through vocational rehabilitation and delivered by contracted agencies or individuals.

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SUPPLEMENT FOR BEHAVIOR DISORDERS PROGRAMS

Effective July 1, 1990

Revised July 1, 1990

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- expand career, lifelong learning, and applied technical preparation which is relevant to the changed nature of work in an information society
- strengthen involvement of business and industry, public and private agencies, and community groups to increase the quality of education and the development of Kansas human resources
- strengthen educational quality and accountability through performance-based curricula and evaluation systems
- develop state and local information systems which may be used for systematic feedback for program improvement, evaluation, and sharing
- strengthen positive environments and develop environments which empower learners and staff
- extend and update the professional and leadership excellence of Kansas educators essential for quality education
- extend and expand the effective utilization of information technology which can increase information access for all learners of the state and productive learning for all Kansas educational institutions
- develop learning communities which involve educational institutions, public and private agencies, and community groups in more effective methods of meeting human resource development needs.

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BEHAVIOR DISORDERS

DEFINITION

K.A.R. 91-12-22(c) defines a behavior disorder (BD) as a *condition with one or more behavioral characteristics that are:*

- (c) *exhibited at either a much higher or much lower rate than is appropriate for one's age;*
- (2) *documented as occurring over an extended period of time in different environmental settings within the school, and home or community, and*
- (3) *interfering consistently with the student's educational performance. This interference with educational performance shall not be a result of intellectual, sensory, cultural or health factors that have not received appropriate attention.*

Behavior problems may include, but are not limited to, one or more of the following characteristics which may prevent a student from learning appropriate academic, social, and other skills—

1. Inappropriate, aggressive, bizarre, or impulsive behavior;
2. Pervasive moods of anxiety, depression, passivity, or withdrawn behavior;
3. An inability to build or maintain satisfactory interpersonal relationships with peers and/or adults;
4. Unreasonable fears or physical symptoms.

If delinquency and/or abuse of toxic substances is the student's only diagnosed problem, the student is not eligible for placement in a behavior disorders program. The adjudicated juvenile offender, the drug abuser, and the socially non-conforming may only be considered for placement after receiving a comprehensive evaluation. The results of this evaluation must show that the student fits the criteria found in the previously cited definition.

PROGRAM PURPOSE

The purpose of a behavior disorders program is to provide appropriate learning environments and services for behavior disordered students and to assist BD students in the achievement of educational goals commensurate with their abilities. Major objectives of the BD program are to—

1. Assist students in developing acceptable behavior or adjustment skills in order to reduce the behavior problems which interfere with educational performance;
2. Increase students' academic, vocational, self-help, and independence skills; and
3. Prevent more serious problems through early identification and intervention.

SCREENING AND IDENTIFICATION

Screening

Under K.A.R. 91-12-40 each local education agency is required to implement screening procedures to identify those students who may need special education services. Early identification of behavior disorders problems is essential for effective intervention. Because such problems may develop at any time in a child's life, it is essential that local education agencies have systematic procedures which indicate those children who may have behavior disorders.

Teacher referral can be an effective screening procedure, especially when an active inservice program is implemented. Teachers must be trained to differentiate between students who are merely discipline problems within the educational system and those who are so troubled that they cannot function optimally in the educational system. A number of preliminary screening instruments have been developed which may help school personnel in determining whether or not a student should be referred to a preassessment committee. Other persons having close and regular contact with the student also should be used as referral sources in the screening process. Aggressive efforts should be made to educate the community to the characteristics and needs of children and youth with emotional problems. Such efforts will assist the local education agency in locating those students in need of special education services. Local education agencies are also encouraged to initiate programs in parenting education with the objective of preventing or lessening behavior disorders.

Preassessment

Preassessment is particularly important for a child with behavior disorders because a student's repetitive failure can be prevented by introducing learning experiences appropriate to the student's developmental level. If educational patterns are carefully structured and designed to ensure success, positive changes in personality patterns may be achieved.

Evidence shows that the earlier the intervention the more frequent the positive change in behavior. If through preassessment, this early intervention can occur in the regular classroom the need for special education and related services may be negated. Or, if students are in need of services, they may be served in more integrated settings. Some may be maintained in the regular education program with supportive services from consulting or itinerant teachers, school psychologists, and/or social workers.

Identification

Evaluation and placement procedures as outlined in the State Plan for Special Education shall be followed. *In addition to those procedures, each local education agency shall include in its procedures for identifying children with behavior disorders:*

(1) Specialized procedures, which include a behavior rating scale, that are designed to identify children with behavior disorders. Such procedures may include student and parent interviews, a family history, personality rating scales and inventories, and projective tests.

A number of personality inventories or behavior rating checklists are available to assist teachers and support staff in describing and, to some degree, quantifying behavioral excesses and deficits. While none of these instruments, by themselves, are acceptable for identifying children who have behavior disorders, judicious use may help professional staff in--

1. Comparing ratings of a specific student with the normative data of typical peers;
2. Identifying specific overt behavior symptoms; and
3. Understanding the relationship between the rater and the student.

Other required procedures include:

(2) an observation of educational performance in the regular classroom. The observation shall be conducted by at least one evaluation team member, other than the regular classroom teacher. In the case of a preschool age or out-of-school child, the observation shall be made in an age-appropriate environment. Observations concerning the child 's behavior and learning shall be recorded. The individual responsible for the observation shall be trained to use observation as a diagnostic procedure.

(3) procedures for determining the need for a mental health consultation (K.A.R. 91-12-55(a)). *If a need for consultation is indicated, such consultation shall be provided at public expense.*

In some cases, students suspected of having behavior disorders may need a mental health consultation in order to make educational placement recommendations. The local education agency evaluation team is then responsible for determining whether or not such data are required.

Since rapid changes may occur in the BD student's behavior and since there is therefore likelihood of remediation, the success and appropriateness of placement should be reviewed at least every twelve weeks. BD students must not be "permanently" identified and placed.

CURRICULUM

The curriculum of each behavior disorders program should emphasize development of acceptable methods of coping with and adjusting to the environment in order that each child may function in progressively less restrictive educational environments. Appropriate effective annual goals concerning behavior shall be included in each student's individualized education program.

Children and Adolescents

Children and youth with emotional problems seldom perform in keeping with their intellectual ability. Therefore, another instructional goal should be to narrow or close the discrepancy between actual and potential performance. Curricula will vary, depending on the characteristics of the students served. For the mildly handicapped, instructional goals and objectives may be similar to those of peers in regular education. The more severely behavior disordered students may require adapted curricula designed to develop social maturity, communication, independence, and/or vocational skills. Each student's present levels of performance, as identified by the comprehensive evaluation, shall be used to determine his or her individualized education program. Special methods and materials must be used to motivate students and to alleviate or lessen their learning problems.

Early Childhood

Various studies have shown that emotional and behavioral problems can be identified at a very early age. Providing early childhood programs for children with identified emotional and behavioral disorders is an effective and efficient way of preventing or lessening severe problems later in the child's life. Early intervention may reduce the need for special programming when the child reaches age five, or may allow programming in a less restrictive environment than would otherwise be possible.

Early Childhood programming is, of course, different from programming for older children and adolescents. Attention should be paid to activities which promote interpersonal relationships and self-concept rather than to formal academic experiences. Some readiness activities, however, should be introduced. Supportive services, such as parent training and/or family counseling, must be a vital part of any early childhood program.

ADMINISTRATIVE STRUCTURES

Consulting Teacher, Itinerant Teacher, and Homebound Services

As a group, students with behavior disorders need varying degrees of support at different times in their school careers. The State Plan for Special Education defines commonly used models for the delivery of instructional services. K.A.R. 91-12-55 sets forth additional requirements for state approval of behavioral disorders programs in hospital or homebound settings..

> *(b) children hospitalized for the treatment of behavior disorders shall receive instruction for the duration of their confinement. Homebound instruction shall be used only as a temporary measure while the local education agency arranges for an appropriate educational placement. Children with behavior disorders shall not receive instruction solely in their home for more than two months. Applications for part-time homebound or hospital*

instruction for children with behavior disorders shall state the reason or reasons the services are needed and shall be signed by a psychiatrist, certified school psychologist, or certified clinical psychologist. Each local education agency shall include a statement indicating plans for meeting the educational needs of the child after the homebound or hospital instruction has been terminated.

Resource Room and Self-Contained Classroom

The amount of time spent by a student in any special education classroom is determined individually in keeping with the least restrictive environment concept. Close attention should be given to interactions among students who receive services in special education classrooms to prevent the reinforcement or modeling of undesirable behaviors. Careful scheduling of time spent in the special classroom can often be used to separate students who have an adverse affect on each other.

Residential Schools

If a student cannot benefit from the public school program and requires a more intensive treatment program, the school district may contract with a public or private special purpose school for either day or residential programs. Some local education agencies cooperate on an interagency basis to provide partial day treatment services for BD students in community mental health or guidance centers. In these programs, education services are provided by the public school and clinical services are provided by the community agency. Districts also may make referrals to a community mental health center or an area SRS office for a determination as to whether the student meets criteria for admission to a State institution.

RELATED SERVICES

Psychological or psychiatric diagnosis and student/family counseling are often required to support BD students in their educational programs. These and other supportive services shall be provided at public expense when—

1. Directly related to educational progress,
2. Specified as a responsibility of the local education agency in a student's individualized education program, and
3. Needed to appropriately identify a student as eligible for special education services.

School districts are not responsible for psychological, psychiatric, or social services required to treat generalized mental health problems which have been diagnosed by appropriately certified or licensed professionals. When it is determined through a comprehensive evaluation that a student needs additional treatment by a mental health professional, appropriate referral should be made. The public school is not responsible for such additional treatment but must provide appropriate special education and support services for a student under treatment unless or until the student meets criteria for admission and is admitted to a State institution. Psychiatric treatment (which is provided by a licensed physician) is considered medical in nature, and its provision is not a responsibility of the public schools.

In order to provide the therapeutic and consultative services often necessary to supplement the educational program of BD students, it is recommended that local education agencies identify and work out cooperative agreements with community agencies that have capabilities for helping individual students and their family groups. These agencies include the State Department of Social and Rehabilitation Services, local mental health centers, and guidance clinics. Cooperative agreements should attempt to define the role of each participating agency when both mental health treatment and special education are indicated for a student. (See Residential Schools section above.)

Local education agencies should also provide and promote prevention programs. Only through active programs which enhance positive mental health attitudes among students and educational agency staff can the real problems of behavior disordered students ever hope to be diminished in the educational system.

INSERVICE FOR INSTRUCTIONAL PERSONNEL

Inservice for school personnel is an essential component of behavior disorders programs and requires a complete program effort which involves the entire staff. The most successful programs operate where administrators are aware of the needs of BD students and lend support and where the building staff is cooperative in meeting the total needs of the students. The positive attitude of the building staff and administration toward the student with behavior disorders is of key importance in returning him or her to the regular school program.

SERVICE DELIVERY MODELS

Consulting Program

The consulting program is supportive in nature. It involves needs assessment, program planning, back-up services to regular and special education teachers, and inservice training. No more than one-fourth of the consultant's time may be spent with students. The focus of the consultant program is to provide indirect services through conferences with direct service teachers and in planning for educational services needed by students with behavior disorders.

Itinerant Program

An itinerant program involves the provision of services by a teacher who is assigned to more than one building. The focus of the program is to serve mild to moderate BD students. The amount of student/teacher contact time is determined by the needs of the students served rather than by the number of students needing service. Local education agencies are cautioned against assigning the itinerant teacher to an excessive number of attendance centers because the teacher must be given time for planning and consultation with regular education teachers.

Resource Program

Because of the nature of the resource room, there may be daily or weekly changes in attendance. The maximum number of students in attendance in the resource room at any one time is eight, although up to sixteen students may be served on the caseload at a time with the addition of one or more full-time paraprofessionals. Paraprofessionals may be used to allow the teacher to work with the students' regular classroom teachers. The maximum chronological age or grade span shall be no more than four years at any one time.

Self-Contained Program

A self-contained program provides direct services of 60 or more percent of the school day to BD students. Self-contained special classes which meet this definition in either public school or residential settings may contain no more than eight students except that two students may be added if one or more full-time paraprofessionals are assigned. The maximum chronological age or grade span is four years.

Special Purpose Schools

Special purpose school classrooms which have programs which are departmentalized by curricular content area may contain no more than eight exceptional students at any one time. For such programs the total number of students assigned to one teacher shall not exceed thirty-five. If a full-time paraprofessional is assigned, the class size may not exceed nine and the caseload shall not exceed forty-five.

K.A.R. 91-12-55(e) specifies the class size and caseload limitations for behavior disorders programs. Any departure from these standards requires the submission of a request for a waiver to the State Board of Education for their approval.

Table VI

Class Size & Caseloads for Behavior Disorders Programs

Program Level	*Administrative Plan*	*Maximum Class Size and Caseload*
All Levels	*Consulting teacher*	*No more than 1/4 time to be spent with students.*
	Itinerant teacher	*15—Increase to 18 with one or more paraprofessionals.*
	Resource room	*12—No more than 8 at any one time. Increase to 16 with one or more paraprofessionals.* *The maximum chronological age or grade level span shall be no more than four years or grade levels at any time.*
	Special classroom	*8—Increase to 10 with a paraprofessional. The maximum chronological age or grade level span shall be four years.*
	Special purpose schools (departmentalized by curricular content area)	*No more than 8 at any time in one classroom, increase to 9 with a full-time paraprofessional. No more than 35 students assigned to one teacher; increase to 45 with a full-time paraprofessional.*

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KSBE

Kansas State
Board of
Education

SUPPLEMENT FOR GIFTED PROGRAMS

Effective July 1, 1990

Revised July 1, 1990

An Equal
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Kansas State Board of Education
Approved 6/13/89

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GIFTED

DEFINITION

Intellectually gifted children and youth are those who have potential for outstanding performance by virtue of superior intellectual abilities. *'Intellectually gifted' means outstanding performance or potential for outstanding performance by virtue of superior intellectual abilities* (K.A.R. 91-12-22(r)). Both students with demonstrated achievement and students with minimal or low performance who give evidence of high potential in general intellectual ability, specific academic aptitudes, and/or creative thinking abilities are included in this definition.

PROGRAM PURPOSE

The purpose of the gifted education program is to provide children and youth identified as gifted with a differentiated curriculum which facilitates maximum achievement and development of higher level mental processes.

SCREENING AND IDENTIFICATION

Screening

Group tests of intelligence and achievement are useful screening procedures. The following criteria are suggested.

1. Group intelligence test: a composite rank no lower than the 95th percentile on national norms.
2. Group achievement test, elementary level: a composite rank no lower than the 90th percentile on national norms.
3. Group achievement test, secondary level: a rank no lower than the 90th percentile on national norms on at least two academic sections.

The following are characteristics which may indicate giftedness. Staff knowledge of these characteristics should assist them in making appropriate referrals.

1. Ability to learn rapidly and easily;
2. Retention of learning without much repetition;
3. Originality of thought and expression;
4. Ability to generalize, see relationships, and make logical associations;
5. Knowledge and/or appreciation of things of which peers are unaware;
6. Problem solving ability;
7. High level of leadership;
8. Creative reasoning ability; and
9. Unusual curiosity.

Identification

Traditional standardized tests of intelligence and achievement do not always provide a valid, unbiased assessment of ability for all students. Such tests may be particularly limited in searching for gifted learners from culturally different populations or those who, regardless of cultural background, do not demonstrate giftedness in achievement. The identification guidelines presented here provide a basis for flexible procedures which will allow for the recognition of talents among all children and youth. Local education agencies should recognize, however, that such flexibility increases their responsibility in assuring that all learners identified as gifted possess high intellectual ability, either potential or demonstrated.

Within the limitations set by this Plan, the criteria used for identifying students as gifted may vary depending on the characteristics of the local education agency's student population and the curricular options available through the regular education program.

Placement in a program for the gifted shall be based on all the components of the following criterion battery as prescribed by (K.A.R. 91-12-52(a)):

(l) Teacher evaluation of that child;
(2) analysis of that child's accomplishments and products for evidence of the intellectual giftedness or potential;
(3) documentation of intellectual giftedness through administration of a standardized, individual test of intelligence. The minimum criterion for identification shall be a composite rank of not less than the 97th percentile on national or local norms, whichever is higher, or evidence that the child's standardized, intelligence test score does not adequately reflect the child's high intellectual potential;
(4) documentation of intellectual giftedness through administration of a standardized test of academic achievement.
  (A) For elementary children, the minimum criterion for identification shall be a composite rank of not less than the 95th percentile on national norms, or evidence that such standardized achievement test score does not adequately reflect the child's high intellectual potential; or
  (B) for secondary children, the minimum criterion for identification shall be a rank of not less than the 95th percentile on national norms on two or more of the mathematics, language arts (including reading), science, and social science sections, or evidence that such standardized achievement test scores do not adequately reflect that child's high intellectual potential.

CURRICULUM

Programs for the gifted shall provide a qualitatively differentiated curriculum, including a core of subject matter which all students are expected to learn in addition to other subject matter unique to the program for gifted learners. Gifted children and youth must be given the opportunity to learn more in both quantitative and qualitative terms. The program should emphasize—

1. Opportunities for the development of research skills,
2. Availability and variety of learning options,
3. Student-directed learning experiences,
4. Accommodation to creative learning styles,
5. Depth and breadth of learning experiences,
6. Inquiry training,
7. Problem-solving techniques, and
8. Individual projects which result in products superior to those normally expected of age peers.

Programs for the gifted shall also provide curricular options and/or opportunities to explore and participate in a variety of nonacademic learning experiences. Learners displaying interests and/or skills in a wide variety of activities outside the regular curriculum must be given sufficient opportunity to investigate and explore those interest areas. These opportunities should be designed to enhance interest in learning and to extend existing talents. For example, a learner with interest and ability in science and mathematics might be encouraged to build a computer.

On the secondary level, programs for the gifted shall also provide a variety of curricular options and opportunities, such as:

1. Differentiated assignment to academic areas and flexible use of time.
2. A qualitatively differentiated curriculum for academic areas appropriate to individual learners. Secondary students may be expected to display areas of unique interest and competency. Instruction should emphasize creative and productive thinking processes and a wide variety of educational experiences.
3. Special seminars for in-depth exploration of relevant problems, contemporary issues, and aesthetic, philosophical, or humanitarian topics. The frequency and length of seminars shall be determined by learner(s) and person(s) responsible for gifted programs at the district/building level. Seminars may be conducted by students, regular educators, paraprofessionals, parents, resource persons, or combinations of the foregoing under the guidance and supervision of gifted program personnel. Groupings for seminars may cross grade levels. Special seminars may satisfy subject credit requirements with approval of the local board.
4. Flexibility of scheduling to allow enrollment in a wide variety of learning experiences, such as full courses, mini-courses, learning modules, and independent studies in academic and nonacademic areas.

A learning environment providing access to materials, media, and equipment as well as to human resources is required in order to challenge and stimulate these potentially productive learners.

Each gifted child shall be permitted to test out of, or work at an individual rate, and receive credit for required or prerequisite courses, or both, at all grade levels, if so specified in that child's individualized education program (K.A.R. 91-12-52(b)).

To meet the needs of gifted students, advanced opportunities which often are not available within the confines of the public education system must be provided. With the need for advanced expertise and knowledge in specific areas, the local colleges and universities become a primary resource. College coursework should be provided for gifted students as indicated on the IEP after all other appropriate and available options have been expended. *Gifted students may receive credit for college study at the college or high school level or may receive dual credit therefore. If any gifted student chooses to receive college credit, the student shall be responsible for the college tuition costs* (K.A.R. 91-12-52(c)).

ADMINISTRATIVE STRUCTURES

Instructional Services

For some gifted students, a program may be implemented totally within the framework of regular education. Others will require a combination of instruction from regular teachers and certified teachers of the gifted, or the services of certified teachers of the gifted only. Only personnel certified in gifted education are eligible for reimbursement.

The following methods of serving gifted children and youth may be implemented in the form presented, modified to meet local needs, combined, or used in conjunction with appropriate original designs that are approved by Special Education Administration Section. Approved supervisory personnel must be a component of an approvable and reimbursable program, but other nonreimbursable certified and noncertified personnel may assist in the implementation and operation of a program model.

1. Grouping provisions which facilitate the student's access to learning opportunities

    a. Cluster grouping within the regular class
    b. Part-time groups before, during, or after school or on Saturdays
    c. Seminars
    d. Mini-courses
    e. Team teaching
    f. Alternative schools
    g. Resource room or demonstration classroom
    h. Consulting teacher
    i. Resource personnel
    j. Itinerant teacher

    l. Special summer study
    m. Symposiums
    n. Special self-contained classes

2. Acceleration activities which promote learning beyond regularly prescribed curriculum

    a. Early entrance to preschool classes
    b. Advanced placement classes
    c. Ungraded classes
    d. Multiage classes
    e. Tutoring
    f. Correspondence courses
    g. Extra classes for extra credit
    h. Credit by examination
    i. Independent study
    j. Continuous progress curriculum
    k. Year-round school
    1. Flexible scheduling
    m. Block or back-to-back classes
    n. Mentorship
    o. Telescoping
    p. Self-directed, contract programs
    q. Internships

3. Guidance experiences which promote understanding of the self and others and explore opportunities for careers

    a. Individual conferences
    b. Group meetings
    c. Career and vocational counseling
    d. Educational counseling
    e. Community programs and sponsorship
    f. Scholarship societies
    g. Study groups
    h. Special education classes
    i. Tutoring

(Kaplan, 1974)

REEVALUATION

Purpose

Students placed in approved gifted programs have been evaluated by a multidisciplinary team of professionals utilizing multiple sources of data and identified by criteria established by the Kansas State Department of Education. The purpose of the three year reevaluation, which is required by both Federal and State regulations, shall be (1) to determine if the special education placement is effectively meeting the needs of the student, (2) to assess whether intervention is being provided to promote optimal growth and development, and (3) to determine what modifications of the program may be needed to develop a plan for continued services. In some categorical areas of special education this assessment may provide information that the special education services are no longer needed. In the area of gifted, reevaluation is not based on the intent to discontinue services.

Standards

The basic premises of a comprehensive reevaluation for any special education student are applicable to gifted students and each of the following requirements shall be met—

1. The reevaluation must occur at least every three years,
2. The reevaluation shall be comprehensive,
3. The reevaluation shall be multidisciplinary and multisourced, and
4. A decision to continue or discontinue services shall not be based on any single instrument, measure, or procedure.

For the gifted population, unique needs most often take the form of abilities that exceed the scope of the curriculum in the regular school program. Needs may also exist in areas of social and emotional relations, academic performance, communication skills, motor functioning, etc. The reevaluation should address all areas of performance even though needs may not exist in all areas.

The determination of what services are needed by the student through the gifted program should be based on—

1. Whether the student continues to function at a level comparable to that of the initial evaluation,
2. Whether the gifted program continues to be an appropriate method to meet the student's needs,
3. Whether staff continues to observe needs of the student which are consistent with inclusion in the gifted program, and
4. Whether the parent(s) continue to observe needs of their child consistent with inclusion in the gifted program.

Evidence gathered to address these concerns shall be ongoing and shall include evidence gathered over the three year period of programming. Specific data to be considered during the reevaluation may include—

1. Reporting on assignment completion, assignment quality, participation, work habits, motivation, attentiveness, peer relations, behavior, need for added program and that the gifted program met the student's need. This information should be reported by—
    a. Student,
    b. Parents,
    c. Regular education teachers,
    d. Gifted education teachers,
    e. Mentors or advisors, and
    f. Providers of related services identified on the IEP.

2. Product evaluation through the determination of—

   a. Student satisfaction,
   b. Organization of information,
   c. Student goal achievement,
   d. Evidence of problem-solving,
   e. Task commitment,
   f. Self-expression,
   g. Evidence of knowledge,
   h. Use of multiple resources,
   i. Response to curiosity/interest,
   j. Extension of cognitive ability,
   k. Relationship to real problem,
   l. Independent/group project, and
   m. Special recognitions for products.

3. The student's IEP for the current year and the two previous years to determine—

   a. Areas addressed (e.g., career/vocational, self-concept, the arts, academics),
   b. Skills developed (e.g., social skills, research skills),
   c. Development of attitudes and values, and
   d. Levels of thinking skills addressed (e.g., knowledge, comprehensive, application, analysis, synthesis, and evaluation).

4. Existing test information such as group IQ and/or achievement scores, and

5. Additional testing and information indicated by specific needs including—

   a. Self-image,
   b. Learning styles,
   c. Career/vocational aspirations,
   d. Creativity,
   e. Cognitive or academic achievement, and
   f. Other as identified by the reevaluation team.

All reevaluations of gifted students shall include documentation in the areas of work habits, products, IEPs, and test data. Additional data should be sought to answer questions concerning unmet needs of the child or concerns posed by the evaluation team.

In (1) above information may be collected by interviews or questionnaires from those persons listed, and any other parties deemed appropriate by the team. Documented data from at least one parent, the gifted teacher, at least one regular education teacher, and the student shall be minimum evaluation data for part (1).

Standardized and informal testing may be included as part of the reevaluation. Where appropriate, an individual intelligence measure should be used but administration of such a test is not required for the reevaluation.

Continuation of Services

As indicated above, the purpose of the reevaluation of a gifted student is not to determine eligibility. An assumption is made that the initial comprehensive evaluation was carefully carried out and that the multidisciplinary decision to place the student in the gifted program was justified. Because the reliability of individual intelligence tests is inconsistent prior to approximately age eight, an individualized standardized test shall be used for the initial evaluation or for the first reevaluation after the student becomes eight years old. Parents should be informed of the criteria for continued placement which will be used at the first reevaluation after age eight.

There are reasons placement in a gifted program may be terminated. These might include desire of the student to terminate or personal/social situations in the student's current environment which are causing stress. If it is determined that services should be discontinued, a comprehensive evaluation including an individual test of intelligence must be completed unless a parent agrees with a discontinuation of services.

CLASS SIZE AND CASELOAD

Maximum numbers of students to be served in various program models are established to provide districts a guide in planning for comprehensive services. The following maximums are prescribed in K.A.R 91-12-52(d) and shall be observed in the implementation of programs when providing services to students:

TABLE III
Class Size and Caseload for Programs for Gifted

Administrative Plan	*Maximum Number of Students to Be Served*	*Maximum Number of Students to Be Served with Full-Time Paraprofessional*
Consulting Teacher	75	75
Itinerant Teacher	25	30
Resource Room	35	40
Self-Contained	20	25

The caseload for consulting teachers has been established on the basis of past experience. These persons will be working with professionals only, but may coordinate and supervise specific student activities, such as seminars or other group experiences.

KSBE

Kansas State
Board of
Education

SUPPLEMENT FOR LANGUAGE, SPEECH, AND HEARING IMPAIRED PROGRAMS

Effective July 1, 1990

Revised July 1, 1990

An Equal
Employment Educational
Opportunity Agency

Kansas State Board of Education
Approved 6/13/89

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- strengthen educational quality and accountability through performance-based curricula and evaluation systems
- develop state and local information systems which may be used for systematic feedback for program improvement, evaluation, and sharing
- strengthen positive environments and develop environments which empower learners and staff
- extend and update the professional and leadership excellence of Kansas educators essential for quality education
- extend and expand the effective utilization of information technology which can increase information access for all learners of the state and productive learning for all Kansas educational institutions
- develop learning communities which involve educational institutions, public and private agencies, and community groups in more effective methods of meeting human resource development needs.

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LANGUAGE, SPEECH, AND HEARING IMPAIRED

DEFINITION

As defined in K.A.R. 91-12-22(u), *"Language and speech impairments" means communication deviations or impairments which adversely affect educational performance. These deviations or impairments include the following: (l) "Language or speech deviation or impairment," which means a basic communication system disorder, deviation, or general developmental need in language, speech, fluency, or voice quality, which hinders academic learning, social adjustment, self-help skills, or communication skills;*

> *(2) "voice deviation or impairment," which means an abnormality in pitch, loudness, or quality resulting from pathological conditions or inappropriate use of the vocal mechanism that interferes with communication or produces psycho-social maladjustment;*
>
> *(3) "fluency deviation or impairment," which means a disruption in the normal flow of verbal expression that is not readily controllable by the individual and that occurs frequently or is markedly noticeable. This disruption occurs to the degree that the individual or persons who listen to the individual evidence reactions to the manner of speech and the disruptions so that communication is impeded; and*
>
> *(4) "articulation deviation or impairment," which means defective production of phonemes (speech sounds) that interferes with intelligibility of speech. Types of misarticulation include substitution of one phoneme for another, omission of phonemes in words, phonemic distortions, and inappropriate additions of phonemes.*

PROGRAM PURPOSE

The purpose of language, speech, and/or hearing programs and services is to provide the activities, materials, procedures, habilitation, and instruction required by students with communicative deviations and impairments. These programs and services are provided by speech pathologists, audiologists, teachers of the hearing impaired, hearing clinicians, program administrators, supervisors, and other appropriate professional and paraprofessional support personnel.

Students with communicative deviations include those with mild developmental or nonmaturational problems in language, voice, fluency, articulation, and/or hearing. Those with communicative impairments exhibit impaired language, voice, fluency, articulation and/or hearing to such a degree that academic achievement and/or psycho-social adjustment are affected and are handicapping to the student. The goal of interventional measures for these students is to permit them to perform satisfactorily in the educational setting. Interventions should be programmed at different levels depending upon the severity of the deviation or impairment.

Multiply handicapped children and youth require special educational services designed to ameliorate the effects of combined impairments. The term *multiply handicapped hearing impaired* refers to children having significant physical, emotional, mental, or specific learning disabilities in addition to hearing impairments. When communicative deviations or impairments are present, the provision of language, speech, and/or hearing services is considered essential.

SCREENING AND IDENTIFICATION

Mandatory Hearing Screening

Hearing screening is mandated in K.S.A. 72-1204 *et seq.* In compliance with the Mandatory Hearing Screening Act, every individual assigned by a local education agency to conduct hearing screening shall be competent in the use of a calibrated audiometer. *The special education administration section, Kansas state department of education, and the bureau of maternal and child health, Kansas state department of health and environment, shall review and assure the competency of persons assigned by each local education agency to conduct hearing screening as prescribed in K.S.A. 72-1204, and any amendment to that statute* (K.A.R. 91-12-53(a)). Assessment of the audiometric technicians will be made at least once every two years. Certificates of competencies will be awarded on a regular basis to those participants from local education agencies and other agencies. Audiometric technicians will be classified as noncertified personnel.

Identification

In addition to meeting the requirements of K.A.R. 91-12-40, each local education agency, in procedures for identifying children with speech, language and hearing impairments, shall include an assessment of articulation, language, fluency, voice, and auditory acuity and perception, and an examination of the peripheral speech mechanism (K.A.R. 91-12-53(b)).

When a speech impairment is a student's primary handicap, a complete assessment battery may not be necessary. However, a qualified speech/language clinician shall (a) evaluate each speech impaired student using procedures that are appropriate for the diagnosis of speech and language disorders and, where necessary, (b) make referrals for additional psychological, physical, or other assessments needed to make an appropriate placement decision. It shall be the clinician's responsibility to implement this action. In the case of a permanent hearing loss, a comprehensive evaluation is required.

If the screening and assessment procedures required by these regulations are performed by an agency other than the school district, it shall be the duty of the school district to assure that these procedures are in compliance with State guidelines.

HEARING AID EVALUATION

Regular and frequent monitoring of the hearing aid is crucial to a child's ability to profit from the educational experience. The procedures shall meet the following requirements of K.A.R. 91-12-53(c):

(1) *Each local education agency shall maintain a list of all children whom the agency is responsible to educate who wear hearing aids.*

(2) *Each local education agency shall adopt procedures for the regular and frequent monitoring of the functioning of all hearing aids. Those procedures shall meet the following requirements:*

(A) *The aids shall be checked not less than once each week.* (Daily checks are recommended.)

(B) *Personnel shall be designated and trained to provide the listening check in any school building where any child wearing a hearing aid is enrolled. The check may be done by that child's regular or special education teacher or by a paraprofessional.*

(C) *Until a child has completed the fourth grade, the hearing aid of the child shall be checked by the person designated by the local education agency in accordance with the preceding paragraph. Children in the fifth and subsequent grades may check their own hearing aids under the supervision of the person designated by the local education agency.*

(D) *Not less than once each year, the hearing aid of each child shall be checked by an audiologist or hearing aid dealer.*

The hearing aid check can be done quickly and may be easily completed on a daily basis by the child's regular or special education teacher or a classroom paraprofessional. A guide for the listening check may be obtained from the Special Education Administration Section.

ADMINISTRATIVE STRUCTURES

Hearing Impaired Intervention

Many hearing impaired children and youth can profit from some integration in a regular classroom program as long as they are provided with supportive or ancillary services. This implies that teachers and administrators in special programs for the hearing impaired must think of themselves as part of, not apart from, general education. Special programs for the hearing impaired should be articulated with those agencies offering social, rehabilitative, physical, and mental health services to exceptional children and youth. Coordinated and cooperative efforts with all personnel working to improve the home, school, and community environments for hearing impaired students will increase the probability for better educational programs.

The mode through which hearing impaired children and youth should be taught is controversial. There are differences of opinion as to which of the various approaches is best: oral, manual, finger spelling, or some combination of these approaches. Each method has advantages and disadvantages for individual students, and each student should be given the opportunity to learn the method which is most suitable for him/her. The most significant aspect in parent counseling in this area is to give the parents an understanding of the importance of language acquisition and the broad concept of communication. Rigid insistence upon one method of communication may result in a disservice to the parent and the student.

The hearing impaired student must live among persons in a hearing, speaking world and his/her method of communication should be such that he/she is not arbitrarily forced into isolation or into association with other similarly handicapped individuals. The State Department of Education does not endorse or recommend any one method or approach in the education of hearing impaired students. The Department recognizes that hearing impaired students have individual differences and needs, which may require different approaches and techniques.

No one approach should be devalued in favor of another until evidence demonstrates that the particular approach is not productive. Value judgments should not be placed on those hearing impaired students who may require a particular modality in order to achieve maximum educational potential.

Public School Programs

Administrative plans appropriate to the education of speech, language, and hearing impaired students are the self-contained classroom, the resource room, the itinerant teacher plan, and consultative services for the regular classroom teacher. In addition parent/infant instructional services and postsecondary academic and/or vocational programs are approvable.

Preschool Programs

In meeting the needs of preschool multihandicapped children with hearing impairments, schools shall plan with the Special Education Administration Section to establish individually designed supportive services. Many hearing handicapped children will require such services in their home communities in order that they may be ready for appropriate educational situations. While educational services are not mandated for children age three to five until September 1, 1991, it is strongly recommended that early intervention programs be provided whenever possible and so authorized.

Residential Program

Supervision: The administrative structure and operation of the Kansas State School for the Deaf is subject to direct approval by the State Board of Education. The educational program of the Kansas State School for the Deaf shall be monitored by the Special Education Administration Section of the State Department of Education through the Commissioner of Education, including program approval, curriculum development, and certification of teachers.

Program Emphasis: The program emphasis at the Kansas State School for the Deaf shall be to specialize in providing services for hearing impaired children in the following circumstances:

1. Those students who are hearing impaired and live in an area where there are no services available.
2. Those students who are hearing impaired and live in an area where there are services, but who live in a home setting that fails to meet the needs of the child.
3. Those students who are hearing impaired and have accompanying compounding handicapping conditions to the extent that they cannot adequately function in a public school program.

Additionally, the State school shall provide services to parents and professionals as follows:

1. Short-term training sessions when needed and not available locally.
2. Staff development for individuals working in the area of the hearing impaired.
3. Special parent-child training sessions.

SUPPORT SERVICES

Paraprofessionals

Paraprofessionals may be employed as support personnel in language, speech, and hearing. *Paraprofessionals employed in language or speech programs shall be assigned and shall function according to the requirements of K.A.R. 91-12-61, except that, if a paraprofessional is assigned to assist an itinerant speech or language clinician, supervision shall be provided not less than once each week. These language or speech clinicians shall develop a monitoring system for checking the reliability of the services being performed by each paraprofessional assigned to assist them* (K.A.R. 91-12-53(d)(1)). *Paraprofessionals may be employed to conduct hearing screening evaluations. If such persons are employed, their competence shall be reviewed as prescribed in K.A..R. 91-12-61* (K.A.R. 91-12-53(d)(2)).

Materials and Equipment

Instructional Programs: Students with language, speech, and/or hearing problems often require highly specialized instructional materials and equipment in order to meet their individual needs. Such equipment may include auditory equipment, acoustical treatment of the classroom, captioned films and other visual media, tape recording equipment, and multi-sensory teaching aids. Each local education agency shall provide and make available for its language, speech, and/or hearing programs necessary equipment and materials.

Audiological Diagnostic Services: K.A.R. 91-12-53(e) requires: *For programs offering comprehensive audiological diagnostic services, the minimum audiometric test equipment shall include a calibrated audiometer with provision for field audiometry. A planned program for the maintenance of all equipment and the regular calibration of audiometers shall be in operation. A calibration log shall be maintained by each local education agency and shall be available for inspection. The audiometric instrumental array shall be capable of performing at least the following diagnostic procedures:*

(l) hearing screening;
(2) pure tone and bone condition testing, with contralateral masking;
(3) speech discrimination and speech reception audiometry;
(4) site-of-lesion battery; and
(5) hearing aid evaluation or consultation, or both.

FACILITIES

Each school or other center where language, speech, and hearing services are provided is required to supply appropriate facilities, materials, and equipment. The following special provisions apply to programs for students with communicative deviations and impairments and are set forth in K.A.R. 91-12-53(f).

Speech, language and hearing facilities shall meet the same requirements as outlined in K.A.R. 91-12-38. If diagnostic audiological services are offered, a specially constructed, sound-treated suite, providing adequate attenuation of outside noise, shall be used. The maximum noise levels allowed shall be as prescribed in ANSI S3.1 of the "American National Standard Criteria for Background Noise in Audiometer Rooms," 1977 edition, which is incorporated here by reference.

CLASS SIZE AND CASELOAD

K.A.R. 91-12-53(g) stipulates:

(l) The maximum class size and caseload for speech and language programs shall be as prescribed in table IV.

TABLE I V

Case Size and Caseload for Speech and Language Programs

	Consulting Teacher	*Itinerant Teacher*	*Resource Room*	*Special Room*
GROUP SIZE	*Individual or Group (through indirect service.)*	*Individual or small group. 3 students per session.*	*Individual or small group 5 students per session.*	*10 students per speech or language clinician. 15 students per speech or language clinician with a paraprofessional*
TIME PER WEEK	*as needed*	*2 to 5 times per week.*	*4 to 5 times per week.*	*Full-time placement.*
CASELOAD MAXIMUMS	*No limit*	*25-55 students*	*15-25 students.*	*15 students with paraprofessional.*

TABLE V

Class Size and Caseload for Programs for Hearing Impaired

Program Level	*Administrative Plan*	*Number of Students*
All levels	*Consultative*	*As appropriate.*
All levels	*Itinerant*	*15*
All levels	*Resource room*	*As appropriate.*
Preschool	*Home-based*	*20*
Preschool or Primary	*Special class*	*4* *Increase to 6 with one or more paraprofessionals*
Intermediate or Secondary	*Special class*	*8* *Increase to 11 with one or more paraprofessionals*

(2) The maximum class size for programs for children with hearing impairments shall be as prescribed in Table V. The chronological age or grade span shall not exceed four years.

(h) This regulation shall take effect on July 1, 1990.

(Authorized by and implementing K.S.A. 72-963; effective May 1, 1983; amended May 1, 1984; amended May 1, 1986; amended, T-88-8, March 4, 1987; amended May 1, 1988; amended July 1, 1990.)

KSBE

Kansas State
Board of
Education

SUPPLEMENT FOR MENTAL RETARDATION PROGRAMS

Effective July 1, 1990

Revised July 1, 1990

An Equal
Employment Educational
Opportunity Agency

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Kansas State Board of Education.
Approved 6/13/89

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MENTAL RETARDATION

DEFINITION

As defined in K.A.R. 91-12-22 (x), *'Mental retardation' means significantly subaverage general intellectual functioning that exists concurrently with deficits in adaptive behavior that adversely affects educational performance and the ability to acquire the skills necessary for making decisions in actual life situations. Mental retardation is described in terms of dependency levels which are determined by the extent and type of support each retarded child needs to function in and to relate to the physical and social environment of the child. These dependency levels are:*

(1) 'Educable mentally retarded' which means: (A) Mild retardation, a term used to describe the degree of retardation present when intelligence test scores are 50 to 55 to approximately 70 ("Manual on Terminology and Classification in Mental Retardation," edited by H.J. Grossman, published by the American Association on Mental Deficiency, dated 1973, revised 1983); and (B) in possession of functional capabilities which can be developed to aid the individual in interaction and decision making; and

(2) 'trainable mentally retarded' which means (A) Moderate retardation, a term used to describe the degree of retardation present when intelligence test scores range from 35 to 40 to 50 or 55 ("Manual on Terminology and Classification in Mental Retardation," edited by H.J. Grossman. published by the America Association on Mental Deficiency, dated 1973, revised 1983); and (B) the ability to achieve independence in functional use of capabilities while accounting to an adult serving as an advocate.

PURPOSE

The purpose of the program for mentally retarded students is to provide them with experiences which increase their ability to make independent decisions both as children and as adults in our society. Dependency levels ranging from automatic without conscious thought through independent, semi-independent, semi-dependent, dependent, to totally dependent are used to identify the amount of support a student requires in a given situation. Because a student may perform at a totally dependent level in one situation while performing at an independent level in another, programming must consider each activity in which the student participates. Each student's readiness to participate in each activity must be assessed in order to provide learning experiences which increase his/her ability to perform at a higher level in the dependency continuum.

Educable Mentally Retarded -

Functional capabilities will be developed to aid students in environmental interactions and decision making. Among these capabilities are—

1. Learning from experiences in actual life situations;
2. Understanding the relationship between one's own behavior and consequences of that behavior;
3. Recognizing the basic concepts of interdependency between people and self in actual life situations; relationships with agencies and organizations are included when they become a part of the student's life experiences;
4. Assuming responsibility for financial support of self and those for whom one is responsible as an adult. For younger students related capabilities will be developed, such as persistence in completing a responsibility and management of materials and self in relation to space and other people;
5. Using the attained level of basic academic skills as a part of problem solving in actual life situations; and
6. Developing the ability and desire to learn how to learn and to explore new areas.

Trainable Mentally Retarded

Functional capabilities will be developed to aid students in achieving independence while accounting to an adult. These capabilities are—

1. Increasing independent actions and decisions, first in the immediate neighborhood, then in a larger or more distant community.
2. Independently following through on basic personal maintenance, although assistance may be required for the more complex problems.
3. Assuming partial financial responsibility for livelihood through employment as a member of a community or industrial work crew, in competitive employment, or in sheltered workshop or work activity settings. For younger students related capabilities will be developed, such as persistence in completing a responsibility and management of materials and self in relation to space and other people.
4. Using basic academic skills in actual life situations or learning to use substitute approaches to compensate for weak areas of performance.
5. Using understandings related to interpersonal relationships in a wide range of environmental settings.

SCREENING AND IDENTIFICATION

In addition to meeting the requirements of K.A.R. 91-12-40, each local education agency shall include in its procedures for identifying exceptional children, an assessment of the level of intellectual functioning and adaptive behavior. This assessment shall be for the purpose of identifying children who are mentally retarded (K.A.R. 91-12-54(a)).

CURRICULUM

Long-range goals for semi-independent and the semi-dependent students should recognize that these individuals will be required to make independent decisions (at their level of capability) as adults in our society. It has been demonstrated that the mentally retarded can interact successfully in many environmental settings and are becoming more mobile. In order to relate to the changing needs of the mentally retarded, education must place emphasis on developing the following:

1. Positive values and attitudes,
2. Self-organization and management skills,
3. Ability to make generalizations, and
4. Decision-making and problem solving abilities.

In a continuous program of service, there will be an overlap of age groups and instructional levels. Therefore, it is important to provide continuity throughout all instructional levels. The program focus is expansion of student's thinking processes in curriculum areas, such as personal and family welfare; leisure time; personal and community health; communication; codes, rules, laws, and regulations; spatial orientation and travel; management of finances; and world of work and employment. These areas provide the major content for learning about making decisions at each student's level of capability. Academic instruction is related to the individual student's ability to generalize and use skills in functional life experiences.

Since a necessary component of the senior high program is a comprehensive preview of all aspects of adult living, education experiences shall include work experiences as well as functional life experiences. In order to provide a full range of services at the transition level, special education must be interrelated with other services, such as those provided in area vocational-technical schools, vocational education programs, training settings in business and industry, and sheltered workshops and/or work activity programs in community facilities. In addition to these work related settings, program experiences should include interactions with the full range of human service organizations, institutions, and agencies.

The transition to adult living is unique in that it uses a broader base of interrelationships with a greater number of individuals, organizations, and settings. Although this level of instruction is different, it must be considered as a part of a full service continuum from birth through adulthood. At all levels of instruction it is necessary to search for alternative settings and experiences which provide students with opportunities to relate to their total environment.

Local districts shall develop a continuum of content for the major emphasis of study and a plan for continuous review and revision. This is necessary since most mentally retarded students require a differential curriculum and since local districts are required to certify that graduating seniors have completed a program of study. Technical assistance and/or coordination of efforts is provided by the State Department of Education.

ADMINISTRATIVE STRUCTURES

Instructional Services

The LEAST RESTRICTIVE ENVIRONMENT section defines options for the delivery of instructional services. In the area of mental retardation, the special classroom with selective integration of students in those general education learning environments, which meet individual needs, is commonly used to deliver services. However, it is apparent that the role of many teachers currently in these settings will change. If students are to be systematically moved to less restrictive placements, teachers must begin to function as team members. One statewide activity in the Kansas Plan of Program Management and Evaluation is designed to assist teachers in becoming effective team members. A gradual, as opposed to instantaneous, change from present practice is recommended in order that teachers may have time to develop and practice new understandings and skills.

SUPPORT SERVICES

Vocational/Rehabilitation Specialist

The special teacher's role is primarily instruction. Therefore, it is advisable to have a vocational/rehabilitation specialist to support the senior high transition program to adult living. The responsibilities of this specialist include vocational evaluations, job training, work placement, and follow-up studies. He/she should assist special education personnel in coordinating community and agency vocational and rehabilitation program services. In larger school districts there will be more than one specialist since the active caseload may range between thirty-five and seventy individuals depending upon the complexity of the cases. This specialist may work with students in all program areas of special education.

Vocational/rehabilitation specialists may be employees of other community agencies. Examples of coordination of agency efforts are as follows:

1. A vocational rehabilitation counselor employed and supervised by the area Social and Rehabilitation Services office may become a member of the public school sponsored and supervised team for the secondary program of transition to adult living.
2. A member of a joint special education and vocational education team may be associated with a vocational-technical school program or vocational education program of the high school.
3. A vocational rehabilitation specialist for lower functioning semi-independent learners or semi-dependent learners may be employed and supervised by a public or private agency other than the public school. This person could work in the public school or community agency to provide both pre- and sheltered workshop experience as a part of the older teenage and young adult transition program. The training setting also might be related to or housed in an industrial or business setting.

4. The services of a work activity specialist for initial work experiences to prepare lower performing students for a sheltered workshop and/or activity setting could be obtained through—

    a. A contractual arrangement with a special purpose school, or
    b. An in-kind arrangement where the public school provides the non-vocational social skills component while the vocational component is provided in work activity experiences in a setting other than the special education setting.

    Regardless of the arrangement, the work activity specialist and teachers should work as a team with a work specialist relating to community based settings and/or industrial and business settings used for specialized training.

Paraprofessional

A paraprofessional may be assigned as a special support person if supervised by professional teaching staff working in or relating to any of the above organizational variations. A major function of the paraprofessional in this program area is to provide support which results in the student becoming more independent in performance. Functions of the paraprofessional include—

1. Monitoring students' ability to perform a life skill independently both in an instructional setting and in the community;
2. Reinforcing an isolated skill, leading to more independent performance in a least restrictive environment placement; and
3. Supporting situations where a peer provides demonstration and serves as a model.

CLASS SIZE AND CASELOAD

Table X in K.A.R. 91-12-54 specifies the class size and caseload limitations for mental retardation programs. Any departure from these standards must be approved by the State Board of Education.

TABLE X

Class Size and Caseload Limitation for EMR and TMR

Program Level	*Administrative Plan*	*Maximum Class Size and Caseload*
EMR Primary	*All programs*	*12* *Increased to 15 with one or more paraprofessionals*
EMR Intermediate		*15* *Increased to 18 with one or more paraprofessionals*
EMR Secondary		*15* *Increased to 20 with one or more paraprofessionals*
TMR Primary	*All programs*	*8* *Increased to 11 with one or more paraprofessionals*
TMR Intermediate		*10* *Increased to 13 with one or more paraprofessionals*
TMR Secondary		*12* *Increased to 15 with one or more paraprofessionals*

The chronological age or grade level span shall not exceed 4 years.

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Kansas State
Board of
Education

SUPPLEMENT FOR PHYSICALLY AND OTHER HEALTH IMPAIRED PROGRAMS

Effective July 1, 1990

Revised July 1, 1990

[illegible]

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Kansas State Board of Education
Approved 6/13/89

Strategic Directions for Kansas Education

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- expand learner-focused approaches to curricula and instruction that can amplify the quality and scope of learning
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- strengthen educational quality and accountability through performance-based curricula and evaluation systems
- develop state and local information systems which may be used for systematic feedback for program improvement, evaluation, and sharing
- strengthen positive environments and develop environments which empower learners and staff
- extend and update the professional and leadership excellence of Kansas educators essential for quality education
- extend and expand the effective utilization of information technology which can increase information access for all learners of the state and productive learning for all Kansas educational institutions
- develop learning communities which involve educational institutions, public and private agencies, and community groups in more effective methods of meeting human resource development needs.

Kansas State Board of Education
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120 East 10th Street, Topeka, Kansas 66612

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PHYSICALLY AND OTHER HEALTH IMPAIRED
(INCLUDING AUTISM)

DEFINITION

Children and youth with physical and other health impairments are those whose physical disabilities restrict or prevent them from experiencing meaningful/productive participation in regular educational programs without special education assistance. One or more special education services may be required to assure optimum participation in the total instructional environment. The physical and health impairments are further clarified as follows:

Physically Impaired

'Physically impaired' means a physical disability of such severity as to adversely affect educational performance (K.A.R. 91-12-22(aa)). The term includes impairments caused by congenital anomaly (i.e., spina bifida, absence of some member), impairments caused by disease (i.e., bone tuberculosis), and impairments from other causes (i.e., fractures, burns which cause contractures, amputation, cerebral palsy, and other dystrophies and atrophies).

Other Health Impaired

'Other health impaired' means limited strength, vitality, or alertness that interferes with participation in educational experiences (K.A.R. 91-12-22(y)). The term includes impairments caused by chronic or acute health problems, such as heart condition, Tourette Syndrome, rheumatic fever, nephritis, asthma, sickle cell anemia, hemophelia, epilepsy, lead poisoning, leukemia, or diabetes. Autistic conditions which are manifested by severe communication and other developmental and educational problems are included in other health impaired. (See SPECIAL CONSIDERATIONS.)

PROGRAM PURPOSE

The purpose of special education and related services for the physically and other health impaired is to ensure that these exceptional students are provided appropriate opportunities to achieve educational goals commensurate with their potential. Primary goals related to the program purpose include, but are not limited to, the following:

1. Attainment and maintenance of a realistic level of independent functioning in the school, the home, and the community.
2. Acquisition of cognitive/affective skills that may be used to compensate for or circumvent problems resulting from the impairment.

SCREENING AND IDENTIFICATION

In addition to the assessments required in K.A.R. 91-12-40, evaluations by therapists, nurses, physicians, and other qualified health providers should be included in the comprehensive evaluation. These related areas of evaluation are required to confirm a diagnosis of a physical or other health impairment. *If screening procedures indicate a physical or health impairment, the local education agency shall include the following as part of the comprehensive evaluation:*

(1) *Evaluations by therapists, nurses, physicians, and other qualified health providers to determine conclusively, whether a physical or health impairment exists; and*
(2) *a comprehensive evaluation to determine the extent to which the physical or other health impairment restricts or prevents meaningful and productive participation in general or special education environments* (K.A.R. 91-12-56(a)).

These latter areas of assessment are necessary if the comprehensive evaluation is to result in the determination of the absence of or the identification of another area of exceptionality as a major disability/capability.

CURRICULUM

For a large number of these students, the regular education curriculum would be the focus for the content of their education experiences. However, if a physically or other health impaired student has another identified area of exceptionality which requires a different/adapted curriculum or specialized teaching techniques, that exceptionality becomes the major area of study for the student.

ADMINISTRATIVE STRUCTURES

The type of special education services provided to physically and other health impaired children shall be determined by their educational needs. (K.A.R. 91-12-56(c)). In many circumstances, more than one model may be desirable to provide optimal educational services. Most traditionally these children will be served in a self-contained classroom.

When making a determination of services needed by physically or other health impaired children, it is particularly important to keep the concept of least restrictive environment in mind. It is the severity of the physical handicap(s) and the concomitant deficit(s) that determine the delivery model and services needed. Placement, then, shall not be made solely on the basis of physical and other health impairments. Among the individual needs which directly affect education planning are those such as social/emotional adjustment, cognitive/affective development, and chronological age and maturation. Self-contained programs for physically and other health impaired students will more often be available on a statewide or on a larger regional basis rather than on a cooperative/district basis.

The range of services which may meet the needs of physically and other health impaired children are illustrated by the following examples:

1. The student requires support services such as transportation, physical or occupational therapy, or paraprofessional assistance to effectively participate in regular education opportunities with their nonhandicapped peers.
2. The student has an accompanying area of exceptionality which would require either a specialized curriculum (e.g., mental retardation, hearing impaired, gifted) or a handicapping condition which requires the use or acquisition of specialized techniques (e.g., visually impaired, behavior disordered, learning disabled).
3. The severity and complexity of the handicapping condition requires a concentration of specialized instructional techniques and related services. The concentration of the required specialized services cannot be provided within the regular education setting and requires a special class or special purpose school placement.
4. The student requires short-term instruction because an injury, surgery, or illness results in hospitalization and/or home recovery. This instruction is provided through the use of the delivery model of home and hospital instruction.

Transfer of the student from one program to another may be appropriate as progress is made physically, academically, and socially. The above continuum is achieved through the use of one or more of special education and/or regular services, such as—

1. Related services;
2. Architectural/structural/space adjustments;
3. Special education service where another special education need represents a major handicapping condition;
4. Flexibility in scheduling for required rest or change in position;
5. Special education services, for a part of the day or for a period of time, which focus directly on specified need related to the handicapping condition of physically or health impaired.

SUPPORT SERVICES

Programs for the physically and other health impaired require the specialized services of supportive personnel who facilitate the physical and educational progress of the students. It is essential that supportive personnel function as a team in the planning and delivery of these services. Coordination by school administrators is required to ensure the effectiveness of such close association and cooperation. The following supportive services shall be provided if indicated in the individual plan of the student (IEP).

1. Services of school psychologist and guidance counselor. These services may provide assistance in evaluation, curriculum design, job placement, parent training, and counseling.
2. Services of clinicians and therapists. These services may include speech, language, occupational, art, dance movement, music, recreational, and physical therapy.
3. Medical diagnosis. Physicians, surgeons, nurses, and other medical technologists may provide *diagnostic* consultation as needed.
4. Contact and/or consultation with individuals with physical impairments.
5. Services of social worker. This service is often necessary for flow of information, appropriate contact, and coordination of program components among school, family, and community.

Paraprofessionals

The role of paraprofessionals in this program area is to assist teachers and other program specialists in implementing individualized education programs and in attending to special physical needs of students. Students with physical impairments in regular education programs may require the services of a paraprofessional in order to be in the regular classroom or other environments of the regular education process. Local education agencies are encouraged to employ a paraprofessional in these situations. In regular classroom settings, paraprofessionals shall be administratively assigned to a certified special education professional, such as a school psychologist or a supervisor of special education.

FACILITIES

Assessment of existing physical facilities must be made with consideration for the needs of the population to be served. In some instances, minor adaptations will bring facilities up to required standards. In other instances, extensive renovation will be necessary to remove barriers and environmental restrictions. Primary consideration must be given for change and adjustments, but these changes are not limited to ramps, restrooms, entrances, elevators, light switches, wash basins, towel dispensers, mirrors, non-slip surfaces, and special classroom furniture and equipment.

CLASS SIZE AND CASELOAD

Class size and caseload limitations for physically and other health impaired children shall be determined upon the basis of the delivery model used, the extent of services needed and the distances that must be traveled to provide services (K.A.R. 91-12-56(d)(1)).

Whenever possible travel distances shall be kept to a minimum in order to increase the effectiveness of the special education services.

SPECIAL CONSIDERATIONS
AUTISM

Autism manifests itself in numerous behavioral and functional impairments and, in Kansas, it is not identified as a separate special education category. Autistic students may be served in a variety of categorical programs. For categorical counting purposes, in accordance with the Federal data collection system, autistic students shall be listed with the physically and other health impaired.

DEFINITION

'Autism' means a severe and pervasive life long developmental disorder manifesting itself before thirty months of age. Children and youth with autism exhibit chronic impairments in the ability to learn, communicate, and interact with others in their environment (K.A.R. 91-12-22(b)). These children are handicapped to such a degree, and so significantly incapacitated in their functioning, that special education and related services are almost always necessary.

Autism is characterized by pervasive deviations and distortions in the following functions.

1. The Capacity to Appropriately Relate to Other Persons

   The failure to develop interpersonal relationships is characterized by a lack of interest in people, with concomitant failure to develop normal attachment behavior. Often these deficiencies may be manifested by a failure to cuddle, by lack of eye contact and facial responsiveness, and by indifference or aversion to affection and physical contact. Children with autism fail to develop cooperative play and friendships. Autistic youth may have an awareness of and attachment to parents and familiar adults. They may also have a passive involvement with other children; however, this apparent sociability is superficial.

2. The Capacity to Appropriately Relate to Their Environment

   Bizarre responses to the environment may take several forms. Most often observed are disturbances in relationship to objects and events. There is often attachment to odd objects, for example, the child may insist on always carrying a string or rubberband. Objects may be used in an unusual manner, such as toy truck and train wheels twirled instead of an entire toy moved as a transportation object. Adverse and extreme reactions to changes in events are common; for example, the child may scream when his place at the dinner table is changed.

3. The Ability to Develop Appropriate Speech and Language

Acquisition of speech is markedly delayed. Language development and usage (both verbal and non-verbal) is different from normal children and from children with other language disorders. There are impairments to underlying or preceding language skills, such as social imitation, imitative games, meaningful use of objects. Appropriate non-verbal communication, such as socially appropriate facial expressions and gestures, is often lacking. These children often fail to develop the use of abstract terms, concepts, and reasoning.

Speech is likely to develop much more slowly than is normal; in some cases it fails to develop at all, or appears and then vanishes. The child who does learn to speak often shows echolalia, responding to a statement by echoing the last few words. Echolalia may or may not have communicative intent.

4. The Ability to Respond Appropriately to Sensory Stimuli

There is often underresponsiveness or overresponsiveness to sensory stimuli. This may or may not be accompanied by stereotypic behaviors. Following are examples of sensory involvement and concomitant behavioral symptoms:

a. Visual Symptoms. There may be prolonged regard of hands or objects, flicking of hands in front of eyes, and ritualistic arrangement of objects. There may also be apparent non-use of eye contact and staring.

b. Auditory Symptoms. Possible close attention to self-induced sounds, nonresponse or overresponse to varying sounds, and/or special attention to music may be present. Often the child with autism appears not to hear.

c. Tactile Symptoms. Over or underresponsiveness to touch or temperature, prolonged rubbing of surfaces, and sensitivity to food texture are often exhibited. Also found are self-injurious behaviors, such as hair pulling, head banging, or biting parts of the body.

d. Vestibular Symptoms. Autistic children may exhibit over or underresponsiveness to balance and gravity. Whirling without dizziness and preoccupation with spinning objects is common.

e. Olfactory Symptoms. There may be repetitive sniffing, specific food preferences, and licking of inedible objects.

5. The Ability to Develop at Expected Rates and Sequences

Normal coordination of the three developmental pathways (motor, social-adaptive, cognitive) is disrupted. Delays, arrests, and/or regressions occur among or within one or more of the pathways. Within the motor pathway, gross motor milestones may be normal while fine motor milestones are delayed. Between pathways, motor milestones may be normal while social-adaptive and cognitive milestones are delayed. Some cognitive skills may develop at expected times while others are delayed or absent.

ASSOCIATED FEATURES

Intelligence

About 40-60 percent of children with this disorder have a measured IQ below 50; about 20 percent between 50-70; and 20-30 percent of 70 or more. Autistic children show extreme variability in intellectual functioning; they are often untestable on verbal tasks. When testable, performance is worst on tasks demanding symbolic or abstract thought and sequential logic. However, tasks requiring manipulative skills, visual-spatial skills, or immediate memory may be performed well.

Prevalence

Reported prevalence figures range from 4-5 cases per 10,000. This disorder is approximately four times more common in males. The prevalence is fifty times as great in siblings of children with the disorder than in the general population.

Predisposing Factors

Maternal rubella (especially when associated with infantile deafness or blindness), phenylketonuria (PKU), encephalitis, meningitis, and tuberous sclerosis are among the predisposing factors.

The relationship of this category to schizophrenia is controversial. Some believe that infantile autism is the earliest form of schizophrenia, whereas others believe that they are two distinct conditions. However, there is apparently no increased incidence of schizophrenia in the families of children with infantile autism, which supports the hypothesis that the two disorders are unrelated. (American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders*, (Third Ed.,), pg. 87.)

Family Factors

Recent studies have revealed no correlation between autism and parent psychopathology. In the past, certain familial interpersonal factors were thought to contribute to the development of this syndrome, but current research does not support this view.

SCREENING, IDENTIFICATION, PLACEMENT

Children and youth shall be identified according to the preceding definition of autism. *In addition to the requirements of K.A.R. 91-12-40, the following criteria shall be met if a child is to be identified as autistic:*

(A) *Onset of autistic characteristics before 30 months of age;*
(B) *pervasive lack of responsiveness to other people and to the environment;*
(C) *gross deficits in speech and language development; and*
(D) *absence of delusions, hallucinations, loosening of associations, and incoherence as are typical in schizophrenia* (K.A.R. 91-12-56(b)(1)).

Any local education agency may identify a child as autistic even though the child currently is not exhibiting all of the characteristics of autism, if the child once exhibited all the characteristics of autism, and currently is unable to benefit from education without special education and related services (K.A.R. 91-12-56(b)(2)).

Information on appropriate assessment instruments may be obtained from the Special Education Administration Section.

PROGRAM PURPOSE

The purpose of programs for students with autism is to provide the most appropriate learning environment possible. Programming should be provided which enables the student to become as independent as possible while actualizing individual potential.

CURRICULUM

At present the best method for deciding what to teach rests on a careful analysis of the students' present competencies, using for a guide developmental levels, social values, and a judgment of what is important to the students. Functionally these students' learning characteristics may be similar to other categorical areas. Therefore there will be many varied curricula for students with autism. The following components should be considered when developing curricula for autistic students:

1. Communication/language skills,
2. Inappropriate behaviors,
3. Social development,
4. Self-help/daily living skills,
5. Prevocational/vocational skills, and
6. Reading and number concepts.

The program should be sequential and highly structured, carefully controlling environmental stimuli. Instructional objectives should be included to maintain learned skills as well as to develop transfer or generalization of skills. Opportunities for working in groups and interacting with less handicapped or nonhandicapped students should be made available.

ADMINISTRATIVE STRUCTURE

Special education services and placement for autistic students shall be based on an individualized education program. The individual needs, as outlined in the IEP, shall determine in which program the student will be served. Therefore, students may be served in a variety of categorical programs, such as SMH, TMR, LD, or BD. They may be served in a program specifically for autistic students; however, this is not required.

SUPPORT SERVICES

Support services will be determined based on individual needs. Common appropriate support services for students with autism include the following, but are not limited to those listed:

1. Speech and language therapy,
2. Behavior management,
3. Prevocational/vocational, and
4. Adaptive physical education.

CASELOAD

Autistic students may be served in a variety of categorical programs. Traditionally autistic students have required much individualized instruction. Therefore, an additional paraprofessional should be employed when placing these students in other categorical programs.

If any local education agency establishes a separate classroom for autistic children, the class size ratio shall be as prescribed in Table VII (K.A.R. 91-12-56(d)(2)).

TABLE VII

Class Size for Special Classes for Autistic Students

Number of Students	*Teacher*	*Paraprofessionals*
1	*1*	*0*
2-3	*1*	*1*
4-6	*1*	*2*

Each approved special education teacher in a categorical program for autistic students— public, private, or institution—shall have a maximum of six students assigned to him/her. *Teachers assigned to autistic classrooms shall be approved on the basis of a special education endorsement most appropriate to the childrens' functional and chronological age levels* (K.A.R. 91-12-56(e)).

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SUPPLEMENT FOR SEVERELY MULTIPLY HANDICAPPED/ DEAF-BLIND PROGRAMS

Effective July 1, 1990

Revised July 1, 1990

An Equal
Employment Educational
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Kansas State Board of Education
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SEVERELY MULTIPLY HANDICAPPED/DEAF-BLIND

DEFINITION

'Severely multiply handicapped' means severe to profound functional retardation in conjunction with severe sensory disabilities, motor disabilities, severe emotional disturbance, chronic health conditions, or severe communication disorders (K.A.R. 91-12-22(11)).

The following characteristics are frequently associated with this low incidence population:

1. Severe motor involvement;
2. Absence of feeding, dressing, grooming, and/or toileting skills;
3. Failure to imitate simple actions of others, follow simple directions, communicate, guard against common dangers, or interact appropriately with the physical or social environment; and
4. Stereotype and/or self-injurious behaviors.

These characteristics prohibit or severely limit successful progress in a special program designed to accommodate a single major handicap. *Children shall not be placed in an educational program for severely multiply handicapped on the basis of their one, most severe, disability, but on their unique learning characteristics and instructional needs* (K.A.R 91-12-57(a)).

Children and youth who are deaf-blind have auditory and visual impairments, the combination of which causes such severe communication and other developmental and educational problems that they cannot properly be accommodated in special education programs solely for the hearing handicapped or for the visually handicapped. Although the deaf-blind have many of the same learning characteristics and needs as the severely multiply handicapped, they may not always be functioning at a severe or profound range of retardation.

Although the deaf-blind are now included in the definition of severely multiply handicapped, they have previously been treated as a separate exceptional grouping because of Federal funding patterns providing certain regional and State services specifically for children and youth whose severe multiple handicaps include deafness and blindness. These funds accelerated program development in the area of deaf-blind and provided many services.

PROGRAM PURPOSE

The purpose of the severely multiply handicapped program is to provide severely multiply handicapped children and youth with self-help, motor, communication, social, preacademic, prevocational, and vocational skills which enable them to become as independent as possible. To achieve this purpose, the program has identified the following objectives:

1. To encourage positive behavioral changes in the following areas:
   a. Socialization,
   b. Daily living skills,
   c. Motor development,
   d. Perceptual abilities,
   e. Communication,
   f. Academic performance, and
   g. Prevocational and vocational skills.

2. To promote the development of residual sensory and motor abilities.
3. To assist parents in understanding the need for program carry-over outside of class, thus involving parents in home training and other such activities.
4. To develop within the student the skills and resources to maximize his/her level of functioning, facilitating placement in progressively less restrictive environments.
5. To enhance generalization of skills across situations and people.

SCREENING AND IDENTIFICATION

Screening

Many severely multiply handicapped children and youth cannot be accurately assessed by traditional evaluation and testing techniques. Sometimes one impairment, such as cerebral palsy, deafness, or blindness, may be so dominant that other disabilities are difficult to assess and are ignored or undetermined. The following procedures for assessing severely multiply handicapped students supplement the ones enumerated in K.A.R.'s 91-12-40 and 91-12-42.

A multidisciplinary team shall conduct a systematic in-depth appraisal of each student, including the following assessments:

1. Screening tests to determine any loss of hearing and vision,
2. Tests which measure gross- and fine-motor development,
3. Scales of social development,
4. Assessment of receptive and expressive language development,
5. Behavioral assessment, and
6. Appropriate adaptive developmental scales.

In addition to the requirements of K.A.R. 91-12-40, additional specialized assessments, such as, tests by medical personnel, physical or occupational therapists, or ophthalmologists, shall be sought to assist in the educational program planning as necessary. A multidisciplinary team shall conduct a systematic, in-depth appraisal of each child to assure that one dominant impairment, such as cerebral palsy, deafness or blindness, does not prevent the identification and assessment of other disabilities (K.A.R. 91-12-57(b)).

Identification

Children and youth shall be identified in strict accordance with the definition of severely multiply handicapped/deaf-blind. Students shall not be placed for educational purposes on the basis of their one most severe disability, but on their unique learning characteristics and instructional needs. After the student has been in the program for a period of time and additional diagnostic assessments conclude that the student can profit from an alternative placement, he/she should be moved to that program as soon as possible.

CURRICULUM

Even though the children and youth in a severely multiply handicapped program demonstrate severe/profound functional retardation, this particular handicap may not be the primary target for educational programming. The severe/profound functional retardation could be a function of some other major handicap(s) which should be the focus for educational activities. The program should be highly structured and the environmental stimuli carefully controlled. The curriculum should include instructional appraisal, a sequence of instruction, and continuous systematic evaluation of student progress.

The sequence of instruction shall emphasize experiences that are arranged in a clear and logical order, and these experiences shall be based upon the readiness level of the student. Educational tasks must be broken down into small manageable steps. In establishing instructional objectives, the following shall be taken into consideration:

1. Prerequisite skills;
2. Task analysis;
3. Educational materials and equipment;
4. Schedule designed to keep motivation and response rate at an optimal level;
5. Data feedback system for accurately charting progress;
6. Procedures of instruction, such as presentation of materials, reinforcement, and prompts; and
7. Provision for transfer, generalization, or recycling through alternate instructional objectives.

ADMINISTRATIVE STRUCTURES

Instructional Services

Several models may be used in planning for programs in the local education agencies. These models are as follows:

1. Self-contained classroom,
2. Team-teaching programs (the skills and competencies of teachers and paraprofessionals should complement each other), and
3. Home or hospital instruction (long or short-term service will depend upon the student's physical needs).

(For descriptions of these models, see the State Plan for Special Education.) The model selected should depend upon the student to be served as well as the goals and objectives of his/her educational program. In many circumstances, more than one model may be desirable to provide optimal educational services.

RELATED SERVICES

Severely multiply handicapped children and youth constitute a low incidence population, which, because of multiple and complex handicapping conditions, require specific, comprehensive programming. Many of these students have multiple needs requiring additional services which are integrated into the total classroom program. If the individualized education program of the student determines unique needs, these shall be met by one or more related services. These services shall be provided on a consultative and/or direct service basis depending on each student's educational needs. In addition, these students may need barrier-free facilities, adapted transportation, and specialized instructional equipment and supplies.

PRESCHOOL PROGRAMS

The early identification, diagnosis, and treatment of severely multiply handicapped children is essential for full development. Studies have shown significant gains for children with preschool experience over those children whose formal training was delayed. It is strongly recommended that infant and preschool programs for severely multiply handicapped children be established. Local day care centers could be considered as a possible delivery system for such programs.

STATE AND FEDERAL RESOURCES

A statewide Deaf-Blind Advisory Committee, appointed by the Director of the Special Education Administration Section, is available to provide assistance in areas, such as program development for those severely multiply handicapped students who are also deaf-blind. Specific funds for deaf-blind programs have been received under P.L. 91-230 Title VI, Part C - Centers and Services, and K.S.A. 72-853.

CLASS SIZE AND CASELOAD

Each severely multiply handicapped program shall have at least one full-time approved special education teacher. Each approved special education teacher in a program—public, private, or institution—shall have a maximum of eight students assigned to her/him. Student/teacher ratios shall be as follows (K.A.R. 91-12-57(e)):

TABLE VIII

Class Size and Caseload for Programs for Severely Multiply Handicapped and Deaf-Blind

Program Level	*Teacher Administrative Plan*	*Maximum Class Size and Caseload*
All levels	Special Classroom	2 - with one or more paraprofessionals to a maximum of 4 students 5 - with two or more paraprofessionals to a maximum of 8 students.

The number of paraprofessionals in each program should depend upon the handicapping conditions of the students and their special educational needs. There shall be no more than three full-time or three part-time paraprofessionals assigned to each professional without special approval from the Special Education Administration Section, Kansas State Department of Education.

Kansas State
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SUPPLEMENT FOR PARAPROFESSIONALS IN SPECIAL EDUCATION

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Each person will have the skills and values necessary to contribute to our evolving society.

We believe that the strategic directions for the structuring of Kansas education must be organized to:

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- expand career, lifelong learning, and applied technical preparation which is relevant to the changed nature of work in an information society
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- strengthen educational quality and accountability through performance-based curricula and evaluation systems
- develop state and local information systems which may be used for systematic feedback for program improvement, evaluation, and sharing
- strengthen positive environments and develop environments which empower learners and staff
- extend and update the professional and leadership excellence of Kansas educators essential for quality education
- extend and expand the effective utilization of information technology which can increase information access for all learners of the state and productive learning for all Kansas educational institutions
- develop learning communities which involve educational institutions, public and private agencies, and community groups in more effective methods of meeting human resource development needs.

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PARAPROFESSIONALS IN SPECIAL EDUCATION

DEFINITION

Paraprofessionals in Instructional Services

To follow the intent of K.S.A. 72-962, a paraprofessional is qualified . . . *to assist certificated teachers in the instruction of exceptional children* .... This individual, therefore, shall be referred to as an *instructional paraprofessional.*

The special education paraprofessional is a team member who works alongside the special education teacher. He/she not only frees the teacher from the more routine tasks of the classroom, but also serves as an effective part of the educational team. With differentiated responsibilities, he/she carries out the programs developed by the special education professionals. The scope of the definition described here and in K.A.R. 91-12-61 in general focuses on the instructional paraprofessional who works with a specified teacher and is assigned to a particular classroom.

This definition also includes those paraprofessionals located in a public institution or other private facility who are providing assistance to the special education teacher in an approved or accredited special education program. The standards for paraprofessional program approval shall remain the same for these settings as for the public school programs.

Paraprofessionals in Special Education Support Services

Because some special education personnel provide supportive or indirect services to exceptional students, the definition and duties of their paraprofessionals may differ from the instructional paraprofessional definitions and duties described above. Paraprofessionals may be approved in supportive services and qualify for special education reimbursement. For further, more specific role clarification of paraprofessionals in the special education support services, refer to the supplements for *Speech and Language, School Psychology, School Social Work, and Special Education Instructional Materials Centers.*

Paraprofessionals in Transportion Services

There are two instances in which a special education paraprofessional may be approved to provide assistance during the time students are being transported by bus to and from an attendance center.

1. Cases in which the student's physical needs are of a severe nature; such as a severely multiply handicapped student who has choking or seizure problems that require close monitoring by an adult.
2. Cases in which the student's emotional/behavioral needs are of such a severe nature that constant adult supervision is necessary.

Local education agencies are encouraged in both cases to utilize these paraprofessionals also in the special education classroom to which they are assigned. Each of the above cases is subject to individual approval from the Special Education Administration Section.

Noninstructional Aides

The definition of paraprofessionals in K.S.A. 72-962 does not include those individuals who are referred to as noninstructional aides and who are employed for the primary purpose of performing such duties as playground or lunchroom supervision, office clerical tasks, attendance recording, lunch and milk money collecting, or personal and hygienic care to pupils outside of the instructional program. Aides may be employed to do the tasks previously mentioned, but are not eligible for reimbursement as special education instructional paraprofessionals.

INTRODUCTORY STATEMENT

Need and Rationale

The special education paraprofessional has become an essential person in the development of programs for students with special needs. Exceptional children and youth require smaller classes; therefore, more personnel are needed. In addition, more and more pupils who were in institutional settings or were receiving no educational services at all are being admitted to public school programs. The paraprofessional can help overcome these obstacles and work towards the quality education that is necessary for exceptional students.

LEGAL AUTHORITY FOR PARAPROFESSIONALS IN SPECIAL EDUCATION

In 1974, the Kansas Legislature enacted the Special Education for Exceptional Children Act which gave a more precise definition and role to paraprofessionals in special education. In K.S.A. 72-962 *special teacher* means a person employed by a local education agency for special education services who is (a) a teacher qualified to instruct exceptional children as determined by standards established by the State Board and who is so certified by the State Board, or (b) a paraprofessional qualified to assist certificated teachers in the instruction of exceptional children as determined by standards established by the State Board and who is so approved by the State Board. In addition, K.S.A. 72-978 calls for reimbursement of special education paraprofessionals: *. . . each special teacher who is a paraprofessional as defined by K.S.A. 72-962 of this Act shall be counted as two-fifths full-time equivalent special teacher ....* As a result of this legislation, rules and regulations for training, utilization, supervision, and approval of special education paraprofessionals shall be established to ensure the proper intent of the law.

UTILIZATION OF PARAPROFESSIONALS

In order to use a paraprofessional effectively, the teacher must first have a clear vision of his/her own role as a teacher. He/she needs to understand the hierarchy of the instructional tasks and then decide which ones best involve his/her time and which ones should be delegated to his/her assistant. The amount and quality of professional supervision given is crucial in deciding what duties paraprofessionals can and should perform. There is almost universal agreement that the diagnosis of educational needs and the planning and design of programs and procedures to meet those needs are professional functions. The role of the paraprofessional is to provide support to the special education teacher in the implementation of educational programs, management of students, and completion of noninstructional tasks.

Duties and Responsibilities—General

Instructional responsibilities shall center around follow-up or reinforcement activities. Initial instruction involving the presentation of new lessons or concepts should be the responsibility of the special education teacher. The teacher shall plan cooperatively with the paraprofessional and assign implementation duties to this individual. The teacher may wish to work with individual pupils or small groups on particular learning problems while the paraprofessional helps other class members, listens to reading, or similar activities. In turn, paraprofessionals may tutor individual children or work with groups, using materials and techniques chosen or designed by the teacher. The paraprofessional should not be employed to make the teacher's job any less responsible, but to improve the quality of the education program for exceptional students.

More specific roles and responsibilities of paraprofessionals in each categorical program may be found in the supplement for that categorical area.

Unacceptable Duties and Responsibilities

K.A.R. 91-12-61(a): *No special education paraprofessional shall:*

(1) Be solely responsible for a classroom or a professional support or related service;
(2) select or administer formal diagnostic or psychological instruments or interpret the results of those instruments unless authorized under K.A.R. 91-12-62;
(3) program or prescribe education activities or materials for the students without the supervision and guidance of the teacher;
(4) be solely responsible for preparing lesson plans or initiating original concept instruction;
(5) be assigned to work with one or more of the most difficult students the majority of the school day merely for the convenience of the teacher;
(6) be employed in lieu of needed itinerant special education personnel;
(7) be utilized as a substitute teacher, unless the paraprofessional possesses the appropriate certificate; or
(8) be enrolled as an elementary or secondary school student.

Paraprofessionals Facilitating Least Restrictive Environment

State and Federal law speak to the provision of the least restrictive environment in programming for students in special education programs. *Any paraprofessional may be assigned to a regular classroom program where one or more special education students are being maintained, but that paraprofessional shall be supervised by a special education teacher who meets the requirements in K.A.R. 91-12-22 (qq)(1) through (4), and shall be assigned duties which relate solely to the education of exceptional children* **(K.A.R. 91-12-61(b)(1)).**

These paraprofessionals must be assigned to and confer with the teacher in the special education program the student is being mainstreamed from regarding the progress of the student in the regular class setting. The amount of time the special education paraprofessional spends in the regular classroom will depend on the number of students mainstreamed and the nature and degree of the students' handicaps.

When paraprofessionals are utilized to maintain a physically or visually impaired student in regular class programs, they should spend the majority of the school day providing individual attention to the pupil, assisting him/her with physical needs and/or educational activities. The paraprofessional should be assigned to the regular class teacher(s) and the appropriate special education professional. *Each local education agency shall obtain individual approval from the special education administration section for any paraprofessional whose only assignment is to assist students with one or more hearing, physical or visual impairments in a regular classroom program* (K.A.R. 91-12-61(b)(2)).

Local education agencies utilizing paraprofessionals in these specific areas shall obtain approval for each individual case from the Special Education Administration Section.

ADMINISTRATIVE PROCEDURES

No more than three paraprofessionals, whether full-time or part-time, shall be assigned to a single professional, unless otherwise prescribed in these rules and regulations. No paraprofessional shall be assigned to more than two professionals. (K.A.R. 91-12-61(b)(3)). In programs for severely handicapped students, where the demands of the educational program include both physical and academic educational programming, the ratio of paraprofessionals to professional staff may be increased depending upon the teacher's ability to adequately supervise and plan for the additional paraprofessionals. Increases in this ratio must be approved by the Special Education Administration Section.

In team-teaching settings, interrelated programs, or itinerant situations, the paraprofessional should have a special education professional he/she is assigned to for counseling, supervision, and on-the-job training.

Paraprofessionals may work with individual students, small groups, large groups, or the total classroom. There is no specified ratio of paraprofessionals to pupils. However, in settings where the children are younger and/or have serious handicaps (multiple disabilities), the ratio of paraprofessionals to students may be increased.

Class Size and Caseload

The class size and caseload in selected categorical areas can be increased with the utilization of paraprofessionals. In certain program areas, a paraprofessional(s) is required for specific numbers of children up to the maximum class size. For specific cases, please refer to the appropriate categorical area supplement.

Supervision of Students on Campus

Paraprofessionals may work with and supervise pupils in the classroom, hall, restroom, therapy area, gymnasium, on the playground, and in other specified instructional areas on campus under the supervision of the professional to whom they are assigned.

The supervising professional may leave the class under the supervision of the paraprofessional for short periods of time while the teacher is still on the school campus. If the supervising teacher must leave the school campus, another professional on campus should be designated as the supervisor of the class and the paraprofessional. The designated professional may be the principal or a certified special or regular education staff member.

Supervision of Students Off Campus

Off-campus activities, such as work-study placements and community programming, may be supervised by paraprofessionals. The paraprofessional also may accompany small groups of students on shopping trips and other such instructional activities without the supervising professional being present. Supervision of each paraprofessional must be provided by certified professional staff. The certified professional must work with the paraprofessional and students at least twice a week progressing toward accomplishment of program goals. When the paraprofessional is "on-site," and the certified professional is not present, the paraprofessional shall be subject to the direction of designated on-site personnel. Designated on-site personnel shall be identified and a record maintained of same in the administrative office of each district.

Fiscal Policies

As stated previously, local education agencies shall be reimbursed for special education paraprofessionals at the rate of two-fifths full-time equivalent special teacher. Paraprofessionals working on a volunteer basis shall not be eligible for State reimbursement. The paraprofessional shall be counted as full-time if employed six or more hours per day, or as half-time if employed at a minimum of three hours per day. Unique situations, such as vision and hearing screening programs and infant and preschool home-based programs, may be eligible for reimbursement for less than three hours per day. Any paraprofessional assigned to administrative or supervisory personnel must be approved individually by the Special Education Administration Section.

Job Descriptions

Paraprofessionals should have job descriptions which clearly define their duties and responsibilities in the special education program(s) to which they have been assigned as per the written contract. The job descriptions may also contain a list of unacceptable duties, terms of employment, specialized training, and qualifications.

Training

Local education agencies shall be responsible for providing training to special education paraprofessionals in areas appropriate to the setting in which they will be assigned. It is very important to assure, for reasons of legality, that duties given to paraprofessionals be commensurate with their experience and training.

Supervision and Evaluation

Any paraprofessional assigned to an itinerant professional may work with an exceptional child when the professional is not in the building only if the professional works directly with both the child and the paraprofessional at least twice each week. If the itinerant professional is not present each day, the paraprofessional shall be assigned to, and supervised by, a designated principal or regular classroom teacher (K.A.R. 91-12-61(b)(4)).

Instructional paraprofessionals shall be directly supervised and evaluated by the special education personnel to whom they are assigned. Overall supervisory and evaluative responsibilities rest with the principal as they do for other school staff members. In cases in which the paraprofessional is assigned to an itinerant special education staff member, and the staff member is not present every day, the paraprofessional shall be assigned to and supervised by the principal or a designated regular class teacher. Periodic written evaluations with resulting conferences should be a definite part of the administrative structure of the local education agency.

APPROVAL OF PARAPROFESSIONAL PROGRAMS

Program Approval

Paraprofessional programs will vary depending upon local needs, resources and amount of funding, and availability of personnel. It is strongly recommended that a local education agency plan very carefully before initiating a paraprofessional program. Such factors as recruitment, selection, placement, and training are matters for which planning needs to be done and policies established before paraprofessionals are employed. Program approval, supervision, and monitoring will be based on the following:

1. Names and assignments of paraprofessional personnel and the name of the special education professional(s) to whom the paraprofessional is assigned shall be included as part of the approval forms used by the Special Education Administration Section.
2. The paraprofessional shall be under the supervision of an approved special education professional(s).
3. Special education paraprofessionals employed full-time as of September 15 will be reimbursed at the rate of two-fifths the full-time teaching equivalency. Any approved personnel employed after September 15 will be reimbursed at a rate equal to the proportion of the number of complete months employed to the full school year (nine months).
4. The paraprofessional in direct education service programs shall be involved in duties and activities which relate to the role of an instructional paraprofessional.
5. School officials are encouraged to seek paraprofessional employees with at least a high school diploma. Experience and individual competency, however, should be given the highest priority. Paraprofessionals in the following program areas will require specific skills and a B.A. or B.S. degree: school psychology and school social work.
6. Individual programs with specific cases may be referred for individual approval to the Special Education Administration Section.

Individual Paraprofessional Approval

An approval process for special education paraprofessionals was developed by the Professional Teaching Standards Board in September, 1977, and adopted by the State Board of Education in February, 1978. The State Board stipulated that the approval process be included as part of the supplement for Special Education Paraprofessionals.

Inservice Program Standards

K.A.R. 91-12-61(c) requires:

> (1) *Inservice program standards. Each local education agency shall file with the special education administration section a plan for inservice training for special education instructional paraprofessionals. At the conclusion of each school year, a report shall be filed that describes the training that occurred during the school year.*
>
> *(2) The inservice training program shall include:*
> *(A) An orientation session; and*
> *(B) inservice training specifically related to the area and type of program in which the special education instructional paraprofessional is employed. Each special education instructional paraprofessional shall receive no less than 20 clock hours of inservice training per school year.*

Inservice training sessions should include discussion of role expectations; duties and responsibilities; relationship of paraprofessionals to the total school environment; salaries and fringe benefits; and policies, rules, and regulations of the local education agency. College hours taken per school year may be substituted for inservice hours based on the following formula:

1 college hour = 15 inservice hours

Participation in state or regional workshops designed for the instructional paraprofessional and other related local or state workshops can be included as part of the local education agency's inservice training program.

Standards and Requirements for Permits

Each special education instructional paraprofessional is required by K.A.R. 91-12-61(d) to possess a paraprofessional I, II, or III permit.

> *(l) The requirements for a Paraprofessional I permit shall be participation in at least four inservice sessions totaling at least 20 clock hours of inservice training per school year. The local education agency may choose to substitute all or part of the above requirements with an equivalent amount of appropriate college coursework taken during the school year. Any paraprofessional, without prior experience as an instructional paraprofessional, shall be approved and shall receive a paraprofessional I permit after participation in 20 clock hours of inservice training.*

(2) *The requirements for a Paraprofessional II permit shall be:*
   (A) *two years experience as an instructional paraprofessional;*
   (B) *completion of 30 semester college hours of approved academic work, an equivalent 450 clock hours of approved inservice training, or a combination of each of the two totaling 450 clock hours; and*
   (C) *participation in at least four inservice sessions totaling at least 20 clock hours of inservice training per school year.*

(3) *The requirements for a Paraprofessional III permit shall be:*
   (A) *three years experience as an instructional paraprofessional;*
   (B) *completion of 60 semester college hours of approved academic work; an associate degree from an approved training program for instructional paraprofessionals; a certificate from an approved training program for instructional paraprofessionals from a vocational technical school; an equivalent 900 clock hours of approved inservice training; or a combination of these totaling 900 clock hours; and*
   (C) *participation in at least four inservice sessions totaling at least 20 clock hours of inservice training per school year.*

In order to advance to a higher level, a paraprofessional shall verify successful completion of the requirements stipulated under each previous permit.

Entry Level Placement for Credentialed Personnel

The superintendent, special education director, or other designated staff may decide what level permit a person with a college degree or other equivalent credential may obtain upon entry into the school system as a special education instructional paraprofessional. The experience criteria in K.A.R. 91-12-61(d)(2) and (3) may be waived for these individuals.

Administrative Procedures

Appropriate forms (including permits) for reporting and monitoring purposes are available from the Special Education Administration Section.

EC

KSBE

Kansas State
Board of
Education

SUPPLEMENT FOR PHYSICAL EDUCATION FOR STUDENTS WITH HANDICAPPING CONDITIONS

Effective July 1, 1990

Revised July 1, 1990

An Equal
Employment Educational
Opportunity Agency

Kansas State Board of Education
Approved 6/13/89

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PHYSICAL EDUCATION

DEFINITION

'Adapted physical education' means a diversified program of developmental activities, games, sports, and rhythms suited to the interests, capabilities and limitations of children with disabilities who may not successfully engage in unrestricted participation in regular physical education (K.A.R. 91-12-22(a)).

Other definitions which apply to this area are—

1. Physical education is defined as—
    a. Physical fitness including muscular strength, muscular endurance, cardiovascular endurance, flexibility, and agility;
    b. Gross motor skills, including static and dynamic balance, hand-eye coordination, and foot-eye coordination;
    c. Games, sports, aquatics, and dance;
    d. Recreational activities; and
    e. Lifetime sports.

2. Limited-Regular Physical Education—a regular physical education class in which a person can participate if limitations, such as no running or no striking, and/or assistance from an aide are included.

3. Modified-Regular Physical Education—a regular physical education class in which a person can participate if modifications such as changing visual cues to auditory cues are permitted.

4. Motor Development Delay—a maturational lag in motor functioning that can be overcome with appropriate intervention activities.

5. Permanent Disability—a handicapping condition that cannot be eliminated, i.e., blindness, deafness, orthopedic handicaps.

PROGRAM PURPOSE

Special education, as defined in 20 U.S.C. Section 1401(a)(16) of P.L. 94-142, includes physical education. K.A.R. 91-12-66 requires each local education agency to *provide physical education services, adapted when necessary, as an integral part of the educational program of each handicapped child.*

SCREENING AND IDENTIFICATION

The evaluation and placement procedures presented in this section are suggested guidelines for a delivery system of physical education for handicapped students in the state of Kansas. The procedures are designed only for handicapped children as defined by law and include a screening process to determine the physical functioning of these students followed by suggestions for appropriate follow-up services. Appropriate follow-up services might be placement into a regularly scheduled physical education class or a more thorough evaluation to determine which placement would best serve to improve a student's functioning.

If on the basis of the screening process a child is found to perform to acceptable local standards in physical education, placement into a regularly scheduled physical education class is appropriate. However, should the screening process reveal an inability to perform to acceptable local standards, a more comprehensive physical education evaluation is warranted. The in-depth examination should provide information needed to determine long-range goals, specific short-term objectives, and appropriate physical education programming in the least restrictive environment possible. The purpose of each placement is to develop as fully functioning an individual as is possible. The focus of each intervention program, linked with periodic testing, is to develop a high enough level of functioning to permit the individual's placement into a less restrictive environment.

The suggested procedure for assessing and providing appropriate physical education for handicapped students is as follows:

1. All students classified as handicapped under State guidelines should be provided with formal or informal physical education screening to determine their ability to perform to acceptable local standards.
2. Those handicapped students who perform to acceptable local standards should be placed in regularly scheduled physical education classes with no modifications or limitations. Ability to perform to normal standards should be noted on each student's individualized education program (IEP).
3. Those handicapped students who perform below local standards in any three aspects (i.e., muscular strength, muscular or cardiovascular endurance, static or dynamic balance, etc.) of physical education should be referred for an in-depth examination by a physical education teacher.
4. After the physical education examination has been completed, physical education goals and objectives should be determined, activities to facilitate motor development selected, and appropriate physical education placement decided upon.

Physical education teachers may decide on one of two methods to screen individuals with handicapping conditions. They may choose to (1) informally observe children in the physical education class or at play or (2) formally test such children using a standardized instrument. Descriptions of informal and formal screening techniques follow.

Informal Screenings

Informal screening is accomplished when children are observed for clues to functional problems. These observations can be made during a physical education class or while the child is at play during the lunch hour or recess. Each child should be observed three or more times to accurately determine the constancy of the problem. Clues to functional problems that can be identified through informal observation include the following:

1. Reluctance to participate in vigorous activity,
2. Tendency to stumble and/or fall down often,
3. Tendency to shy away from thrown balls,

4. Consistent inability to catch or kick a ball,
5. Continuous avoidance of climbing apparatus,
6. Inability to perform stunts and tumbling activities after reasonable amount of instruction,
7. Frequent confusion about game rules or strategies,
8. Frequent arguments or unfriendly contacts with other children, and
9. Frequent incidents of inappropriate behavior or reactions.

Any one or a combination of the above behaviors may be indicative of a child's inability to perform age-appropriate motor tasks. If a child continually demonstrates these behaviors, an in-depth comprehensive evaluation should be scheduled.

Formal Screening

If school personnel prefer broader, more objective data to determine whether an in-depth comprehensive evaluation is necessary, standardized motor development tests are available. Results from these tests should be carefully scrutinized for evidence of specific or general areas of below normal motor performance. Either a specific area of weakness or overall depressed scores can be indicative of a need for in-depth comprehensive evaluation. As a rule of thumb, if a child demonstrates difficulty with three or more age-appropriate motor behaviors, in-depth evaluation is recommended.

A comprehensive physical education evaluation should include assessment of motor functioning that is basic to a wide range of games and activities. Such an evaluation should include, but not be limited to—

1. Leg, arm, and abdominal strength;
2. Muscular and cardiovascular endurance;
3. Back and hip flexibility;
4. Static balance—with eyes open and closed;
5. Dynamic balance—walk, run, gallop, skip, jump, hop, and leap;
6. Ocular control;
7. Perceptual motor skills including body awareness, body side, space awareness, and tempo awareness;
8. Hand-eye coordination;
9. Foot-eye coordination;
10. Agility; and
11. Posture.

A physical education teacher who is familiar with tests for motor functions numbers one through ten, or similar motor functions, should arrange to administer the examination individually to each child referred for an in-depth comprehensive evaluation. The entire battery should not be given at one time. Scheduling several (at least three) different testing sessions will help prevent fatigue, plus it will enable the evaluator to observe the student on different days. Testing should be carried out in a distraction-free environment at a time when the child is free from illness and emotionally calm. The best performance demonstrated by the child should be considered the true measure of capability.

Posture should be evaluated by the school nurse who has been specifically charged to evaluate all school-aged children for evidence of scoliosis. If the student has not been routinely checked for scoliosis, the nurse should be requested to conduct a test as part of the student's comprehensive evaluation.

Because some children cannot be tested with conventional tests, the physical education teacher may wish to confer with the family physician or an occupational or physical therapist who may have had contact with the child. Records concerning anatomical or physiological limitations should be made available to the physical education teacher. Such records might include information about cardiovascular problems, joint function limitations, eye disease, and/or other congenital anomalies. Knowledge of these limitations will assist the physical education teacher in modifying tests to be administered and interpreting test results.

After the evaluation has been completed and all medical information about the child's physical status has been gathered, the results shall be analyzed to determine whether functional problems do exist. If it is believed that significant developmental dysfunctions (i.e., reflex or visual factors) that underlie and contribute to areas tested exist and no personnel employed by the school district are qualified to test such areas of functioning, the parents should be apprised of the concern. Whenever possible, these developmental dysfunctions should be evaluated and the additional test results made available before the physical education goals are selected and placement is recommended.

Curriculum

The physical education goals and objectives should relate directly to the areas tested and address those areas of motor functioning upon which motor skill performance depends. Some examples of motor functions that contribute to skill performance are arm and leg strength, static balance, and hand-eye coordination. Areas found to be deficient during the physical examination should be selected for immediate attention.

Annual goals and accompanying enabling objectives should be selected for motor functions found to be deficient or significantly below standard. These goals and objectives should be proposed for inclusion on the individualized education program.

As is the case with all IEPs, parents must be consulted and agreement obtained on the goals and objectives for their child. During the IEP conference, every effort should be made to explain the child's test results, clarify why the specific goals are being suggested, and explain how the improved functioning that will result from the physical education program will affect the child's ability to participate in worthwhile leisurely pursuits.

ADMINISTRATIVE STRUCTURES AND CLASS SIZE

A physical activity program to realize IEP goals and objectives should be developed and delivered in the least restrictive environment. Which environment is least restrictive depends upon the physical ability of each child, physical education class size, and availability of aides to assist the teacher who has primary responsibility for teaching the physical education classes. Some children can reach their physical education goals participating in a regular physical education class if appropriate modifications and/or assistance are provided for them. Other children may demonstrate such a variety and magnitude of physical deficiencies and limitations that placement in a regular physical education class would be more restrictive than beneficial.

The environment which would be least restrictive should be determined by reviewing (1) unique needs of each child as determined through the comprehensive evaluation, (2) size of the regular physical education classes, and (3) assistance available to the teacher of the physical education classes. The optimum physical education placement would be that setting which permits all children in the class to make reasonable progress toward long range physical education goals. Suggested guidelines for appropriate physical education placement for handicapped students are as follows:

1. Modified-Regular Physical Education.
   Students with permanent disabilities (i.e., deaf, leg braces, educable mentally retarded), who can function without assistance but with slight modifications, should be mainstreamed into a regular physical education class with appropriate modifications. Whenever possible, the size of the physical education class should not exceed thirty students.

2. Limited-Regular Physical Education.
   Students with permanent disabilities (blind, epileptic, confined to a wheelchair), who can function with some assistance and or within some limitations, should be mainstreamed into a regularly scheduled physical education class with appropriate limitations and/or assistance from a *qualified* aide. (See discussion in first part of this supplement.) If well-trained aides with appropriate training can take entire responsibility for the handicapped student and the child is in upper grades (beyond third), class size beyond thirty may be appropriate.

3. Adapted (Special) Physical Education.
   An adapted physical education class should be considered appropriate placement for students with permanent disabilities who also exhibit motor development delays (such as abnormal reflex development, subpar strength, limited flexibility) that require remediation activities to enable them to reach their long-range and enabling objectives and students who are determined to have motor development delays that require remediation activities to promote physical functioning to the level that they can participate in regular, modified, or limited physical education classes. Ideally, the adapted physical education class should include one teacher for eight students; never should class size exceed a 1:15 ratio. The adapted physical education class should be organized for instruction so

that each child can progress toward his/her individual goals and objectives. Such progress can be realized using one of three class arrangements—individual stations and assignments for each child, homogeneous grouping of children with similar needs, and/or a combination of the above two alternatives.

Individual programming is possible when the children are old enough to take the responsibility of working on their own. An individual program is developed for each student and taught to that student. During the individual adapted physical education class, each student follows his/her own prescribed program of exercise and records his/her own progress. The teacher is available to answer questions, assist the students when needed, review progress, and modify each program routinely.

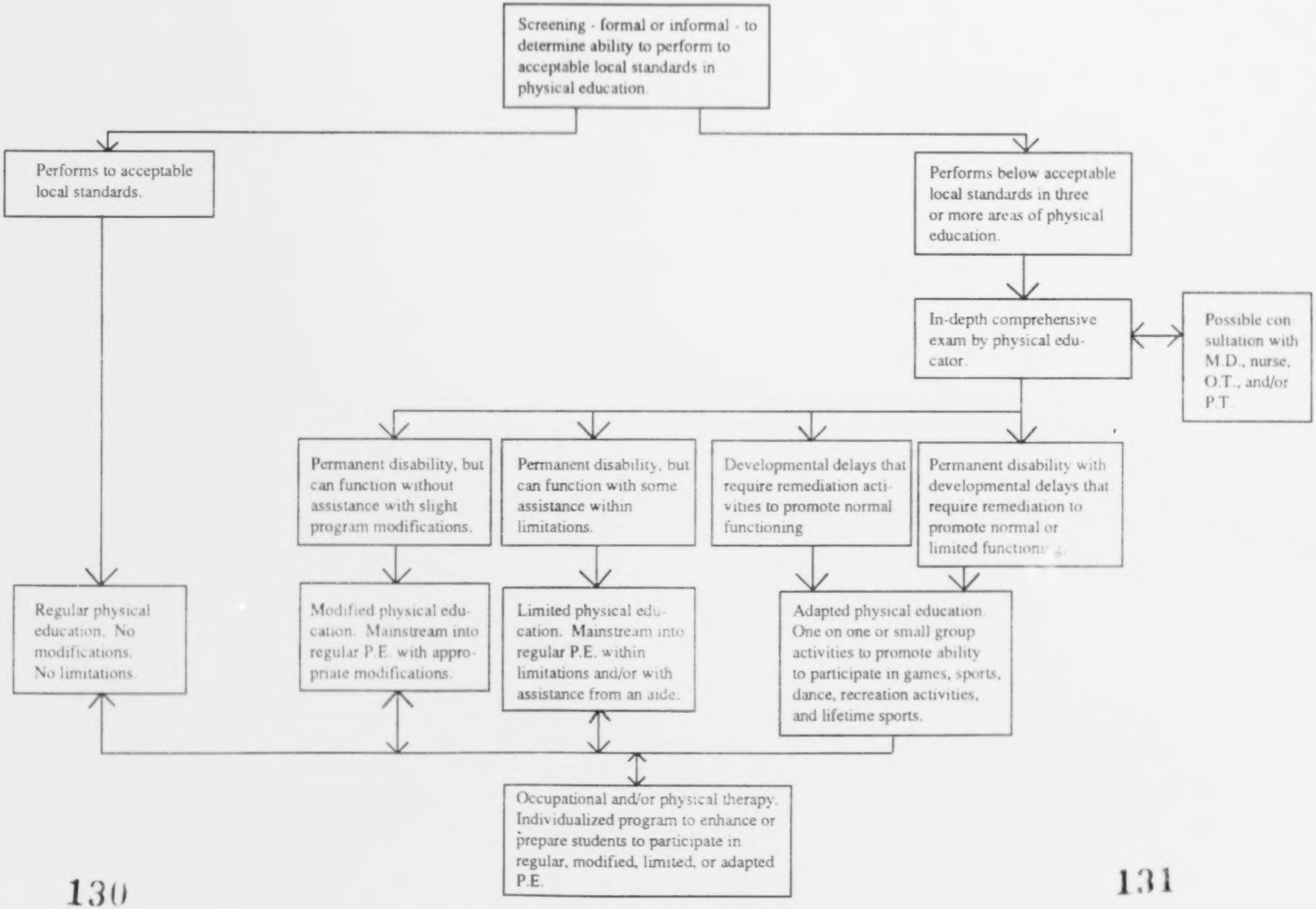
When *homogeneous grouping is* used, students are placed into the class on the basis of similar needs. For example, students with similar physical fitness deficiencies or a group of trainable mentally retarded students could be placed together for a common fitness program. When using this grouping technique, similarity of needs and ability to interact socially are more important placement criteria than either age or type of handicapping condition.

A combination of individual and group organization would provide opportunity for both individual and small group activity.

RELATED SERVICES

Because physical education is by definition a part of the required educational services to be made available for handicapped students, in some cases it may be appropriate for the related therapies such as physical therapy, occupational therapy, dance movement therapy, and recreational therapy to assist the physical education teacher. If deemed necessary, physical, occupational, and/or dance movement therapy should provide an individualized program to enhance or prepare a student to participate in regular, modified, limited, or adapted physical education. However, the physical, occupational, or dance movement therapists' services should not be used to substitute for regularly scheduled physical education. The progress of each student receiving physical, dance movement, or occupational therapy should be continuously monitored for evidence of the child's ability to be placed in an appropriate physical education class.

CHART 1
Delivery System for Physical Education for Handicapped Students


Screening - formal or informal - to determine ability to perform to acceptable local standards in physical education.
Performs to acceptable local standards.
Performs below acceptable local standards in three or more areas of physical education.
In-depth comprehensive exam by physical educator.
Possible consultation with M.D., nurse, O.T., and/or P.T.
Permanent disability, but can function without assistance with slight program modifications.
Permanent disability, but can function with some assistance within limitations.
Developmental delays that require remediation activities to promote normal functioning
Permanent disability with developmental delays that require remediation to promote normal or limited functioning.
Regular physical education. No modifications. No limitations.
Modified physical education. Mainstream into regular P.E. with appropriate modifications.
Limited physical education. Mainstream into regular P.E. within limitations and/or with assistance from an aide.
Adapted physical education. One on one or small group activities to promote ability to participate in games, sports, dance, recreation activities, and lifetime sports.
Occupational and/or physical therapy. Individualized program to enhance or prepare students to participate in regular, modified, limited, or adapted P.E.

EC

KSBE

Kansas State Board of Education

SUPPLEMENT FOR SPECIAL EDUCATION INSTRUCTIONAL MATERIALS CENTERS

Effective July 1, 1990

Revised July 1, 1990

An Equal Employment/Educational Opportunity Agency

Kansas State Board of Education
Approved 6/13/89

Strategic Directions for Kansas Education

The Kansas State Board of Education is charged with the general supervision of public education and other educational interests in the state. While clearly acknowledging the role and importance of local control, the State Board of Education has the responsibility to provide direction and leadership for the structuring of all state educational institutions under its jurisdiction.

The beginning place for determining the mission for the Kansas State Board of Education is the assumption that all Kansas citizens must be involved in their own learning and the learning of others. It is the combined effort of family, school, and community that makes possible the development of a high quality of life. It is the parent who is the first "teacher" of children. As we grow older, we learn that the school, the workplace, and the community support our lifelong learning and our training and retraining. The Board recognizes the responsibility it holds for Kansas educational systems and promoting quality education programs. The mission for Kansas education is:

To prepare each person with the living, learning, and working skills and values necessary for caring, productive, and fulfilling participation in our evolving, global society.

We believe that the strategic directions for the structuring of Kansas education must be organized to:

- involve parents and support their efforts in the education of their children
- expand learner-focused approaches to curricula and instruction that can amplify the quality and scope of learning
- expand career, lifelong learning, and applied technical preparation which is relevant to the changed nature of work in an information society
- strengthen involvement of business and industry, public and private agencies, and community groups to increase the quality of education and the development of Kansas human resources
- strengthen educational quality and accountability through performance-based curricula and evaluation systems
- develop state and local information systems which may be used for systematic feedback for program improvement, evaluation, and sharing
- strengthen positive environments and develop environments which empower learners and staff
- extend and update the professional and leadership excellence of Kansas educators essential for quality education
- extend and expand the effective utilization of information technology which can increase information access for all learners of the state and productive learning for all Kansas educational institutions
- develop learning communities which involve educational institutions, public and private agencies, and community groups in more effective methods of meeting human resource development needs.

Kansas State Board of Education

Kansas State Education Building
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The Kansas State Board of Education does not discriminate on the basis of sex, race, color, national origin, handicap, or age in admission or access to, or treatment or employment in, its programs or activities. Any questions regarding the Board's compliance with Title VI, Title IX, or Section 504 may be directed to the Title IX Coordinator, who can be reached at (913) 296-2424, 120 East 10th Street, Topeka, Kansas 66612, or to the Assistant Secretary for Civil Rights, U. S. Department of Education.

SPECIAL EDUCATION INSTRUCTIONAL MATERIALS CENTERS

DEFINITION

The Special Education Instructional Materials Center (SEIMC) provides media resources in support of special education programs. The purpose of the SEIMC is to serve personnel who work with exceptional individuals through the following methods:

1. Consultation and training in effective use of media to personalize instruction,
2. Instruction and assistance in adaptation and development of instructional media,
3. Dissemination of information about current developments in educational technology,
4. Maintenance of an extensive depository of instructional media for short-term loan or demonstration, and
5. Liaison with Federal special education media programs and other Kansas SEIMC's. The SEIMC should supplement, not supplant, the district's obligatory provision of those supplies and equipment required to meet the needs of exceptional learners.

POPULATION TO BE SERVED

The SEIMC shall provide services to individuals with all types and degrees of exceptionality. Such services may be direct or indirect. In most cases the services will be indirect; for example, the primary clients will be those persons responsible for the education of exceptional learners. Those clients include both regular and special education teachers, administrators, special education support personnel, parents, and preservice teachers training in the area of special education. Direct services to learners are related to short-term instruction in the classroom setting for purposes of assessing educational needs and/or demonstrating appropriate methods or materials.

The SEIMC program is not concerned with identifying students as exceptional per se. Practically, however, services must be confined to students who require special application of media for optimal educational progress, such as students who can be shown to need special supplementary instructional materials and equipment. This restriction will prevent SEIMC resources, which are limited by finances and time, from becoming diluted over the entire school population.

Special education instructional materials centers services may be direct or indirect and shall be confined to children who:

(1) Have been identified as exceptional; or
(2) who have been informally assessed by a regular classroom teacher as requiring special media applications (K.A.R. 91-12-64(a)).

The direct services of the SEIMC program do not constitute a special education placement and require neither a comprehensive pupil evaluation nor an individualized education program (IEP).

PROGRAM AND OBJECTIVES

The overall goal of the SEIMC is to improve the teaching and learning of exceptional children through the provision of supportive media services. Media is defined as printed, auditory, and visual forms of communication and their accompanying technology. Specific objectives of the program are as follows:

1. To facilitate personalized educational programs for exceptional learners through inservice and consultation in the effective use of media resources,
2. To acquire and catalog a depository of instructional media suitable for use in instructional programs for exceptional learners, and their teachers or parents in the infant/toddler or early childhood programs,
3. To assist in organizing at the building level those media resources not appropriately centralized in the SEIMC,
4. To retrieve and lend materials relevant to specific educational objectives,
5. To adapt or develop instructional media as required to meet the needs of exceptional learners,
6. To seek and disseminate information about innovations in educational technology,
7. To cooperate with other local and regional special education media centers in increasing SEIMC program effectiveness,
8. To continuously assess the media needs of exceptional individuals in the service area and devise strategies to meet these needs, and
9. To evaluate center effectiveness both objectively in terms of usage and subjectively in terms of client satisfaction.

INTRA-STATE SEIMC NETWORK

Special education instructional materials centers shall be directly responsible to their respective administrative units, but also shall participate in intra-state networking activities initiated by the state department of education (K.A.R. 91-12-64(b)). The network is a confederation of local SEIMC's directly responsible to their respective administrative units, but also committed to a statewide service program. A close working relationship among SEIMC's allows for an exchange of expertise, equipment and materials, and services. Dissemination of information, an important program goal, is also achieved through the network.

Certain unique services and/or materials can be provided to all districts in the state through a single SEIMC. Major responsibility for coordinating the dissemination of materials for the visually impaired, for example, is assumed by the Wichita Regional Library for Visually Impaired and Blind. SEIMC's are encouraged to seek specialty areas which can be developed into statewide services.

COORDINATION OF SEIMC AND REGULAR LIBRARY MEDIA SERVICES

Many local education agencies operate a unified library media program and have a central organizational unit which provides services, such as processing, cataloging, and advanced audiovisual production. Whenever possible, SEIMC services should be established as a specialized branch of the extant school media program. This arrangement is both educationally effective and economically sound inasmuch as it makes a wider range of services and resources available to exceptional students than would otherwise be possible.

Lacking availability of a unified media program, SEIMC personnel should work closely with library media specialists in individual schools. Many materials are more appropriately housed at building level rather than in a central depository. It is the responsibility of the SEIMC program to assist in developing building level media programs that provide resources for exceptional students and their teachers.

In any case the SEIMC personnel will primarily be concerned with developing systems by which the educational needs of exceptional students can be met through the proper matching of instructional programs to learner variables. Their activities should be directed toward:

1. Identifying curricular areas in which an exceptional learner requires materials differing from those being used by his/her peers;
2. Providing appropriate media, making modifications, or developing new materials as necessary; and
3. Assisting teachers in using media to personalize instruction.

SEIMC PERSONNEL

The professional staff of the center will consist of as many special education instructional materials specialists as necessary to provide comprehensive SEIMC services. One of these SEIMC specialists shall be designated as coordinator and shall be responsible for articulating center activities. If only one SEIMC specialist is employed in the center, this person will act as coordinator.

It is recommended that the SEIMC staff also include personnel with the types of special abilities that will enhance and expand the center's services. These would include graphic artists and media specialists. Paraprofessionals may be employed as media aides and media technicians. Minimally, an SEIMC will be staffed with an SEIMC coordinator and one media aide. Generally, the local administrator responsible for special education services will assist in establishing policies and objectives, and will be responsible for integration of the SEIMC into the educational system of the sponsoring local education agency.

1. SEIMC Coordinator:
   The SEIMC specialist designated as coordinator shall be responsible for implementing and coordinating SEIMC services: (a) identifying and

developing needed media services in the service area, (b) ordering and loaning instructional materials, (c) implementing demonstration and inservice programs, and (d) promoting the use of center services by field personnel. Specific duties of the coordinator should be defined by the sponsoring local education agency inasmuch as these duties will vary with differences in emphases, priorities, and local administrative structures.

2. SEIMC Specialist:
   The major role of the SEIMC specialist is to provide consultation and inservice training in effective use of media to personnel working with exceptional children. Specific duties include (a) previewing and analyzing instructional media, (b) selecting appropriate teaching materials, (c) demonstrating effective use of instructional media, (d) adapting or developing materials to meet specific needs, (e) assisting in the organization of building level instructional media resources, and (f) disseminating information about current developments in educational technology.

The following requirements for State approval of an SEIMC professional are stated in K.A.R. 91-12-64(c)):

(l) A valid Kansas teaching certificate;
(2) current endorsement in one or more areas of exceptionality;
(3) a minimum of two years of field experience in special education or remedial instruction; and
(4) competencies in instructional use of media.

3. SEIMC Paraprofessionals:
   SEIMC specialists must spend the major portion of their time in the schools working with teachers. Therefore, it is essential that they be freed from such duties that do not require professional training or certification. Many center functions, although vital to the total program, may be delegated to paraprofessional media aides or media technicians.

   a. Media Aides:
      Media aides handle routine circulation activities, demonstrate proper operation of equipment, and assist clients in locating materials. They are responsible for shelving and filing materials, inspection and repair of materials, and simple materials production services, such as mounting pictures and making transparencies. Media aides may also be assigned duties related to preparing and updating a catalog of materials or issuing the center newsletter.
   b. Media Technicians:
      Media technicians provide assistance in production of materials, repair and maintenance of equipment, media presentations, and information processing. Specific duties might include assistance to teachers in designing materials, illustrating center publications, preparing materials for use with educational television and

photographic production, and keeping audio-visual equipment in working order.

Special education paraprofessional reimbursement shall be authorized for media aides and media technicians, if:

(1) The paraprofessional personnel perform tasks related to the inservice and media services of the special education instructional materials center and are under the supervision of an approved special education instructional materials center specialist; and

(2) the ratio of full-time paraprofessionals to special education instructional materials center specialists does not exceed four (K.A.R. 91-12-64(d)).

SEIMC FACILITIES

The location, space, and equipment of the SEIMC will be dictated by the scope of the program. In general, centers should be functional in design with adequate space for shelving materials and storing equipment. Office space for SEIMC personnel and a work area for cataloging and processing materials should also be provided. Additional space will be required if materials production and inservice activities are carried out in the center.

The SEIMC should be located in its service area so that it will be most accessible to the greatest number of clients. Additionally, a system for quick delivery of materials to clients should be provided. In some centers the existing school mail may be used; other centers may require a van to meet circulation needs. It is recommended that the SEIMC be located on ground level to facilitate the movement of materials.

EVALUATION

The SEIMC should continuously assess its contribution to the total special education program. Immediate and specific objectives shall be formulated annually and used as a basis for judging the progress of the program toward achievement of its own stated purpose.